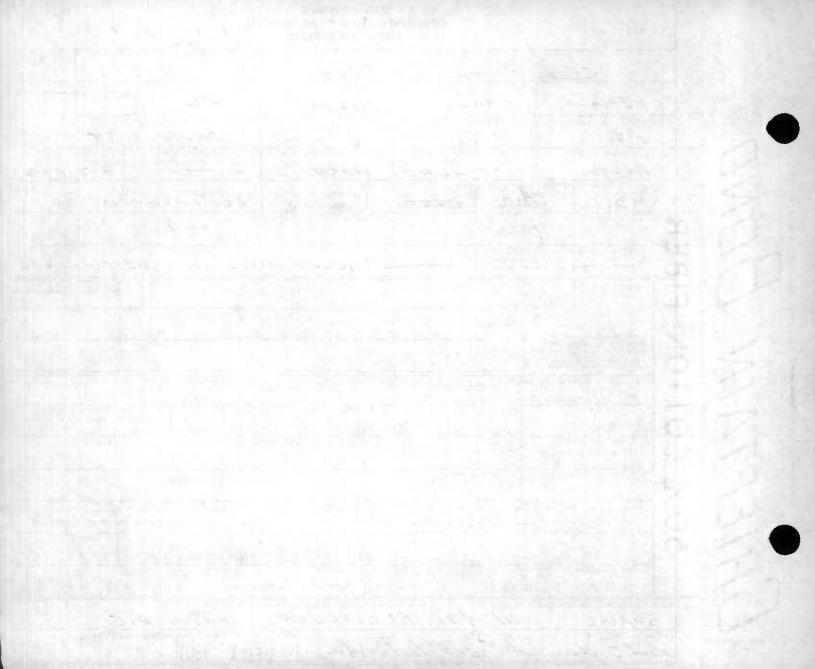
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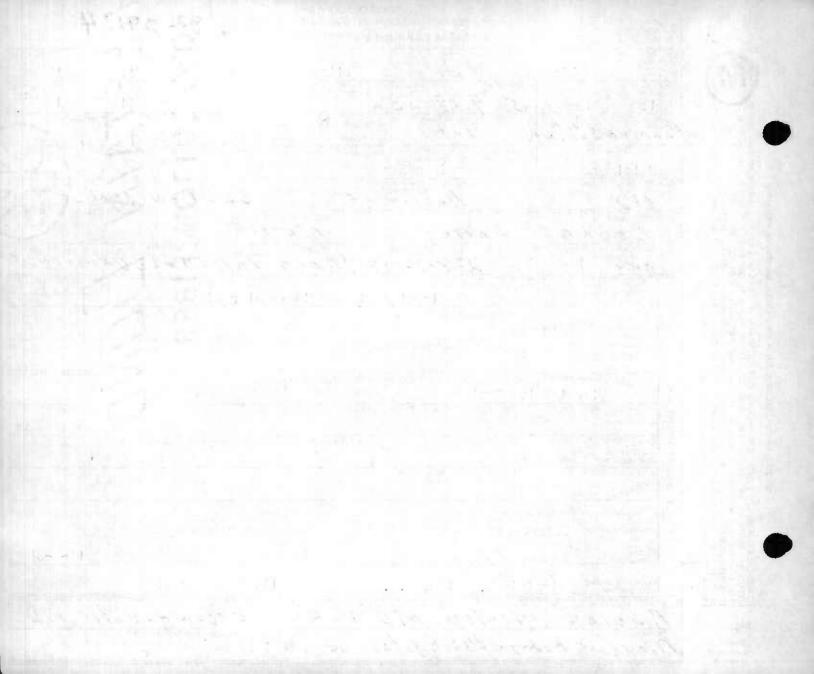
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(VRA 15, 4)

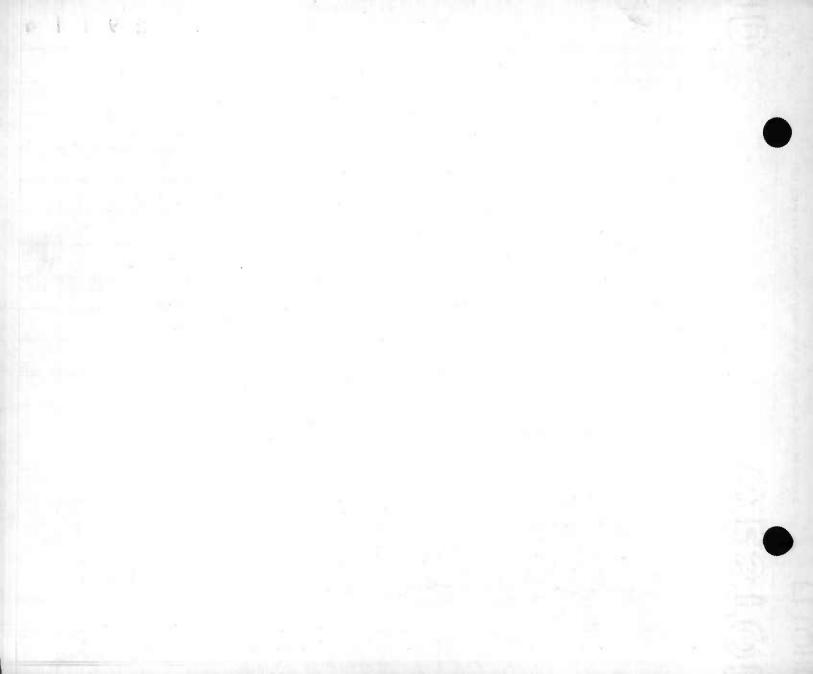
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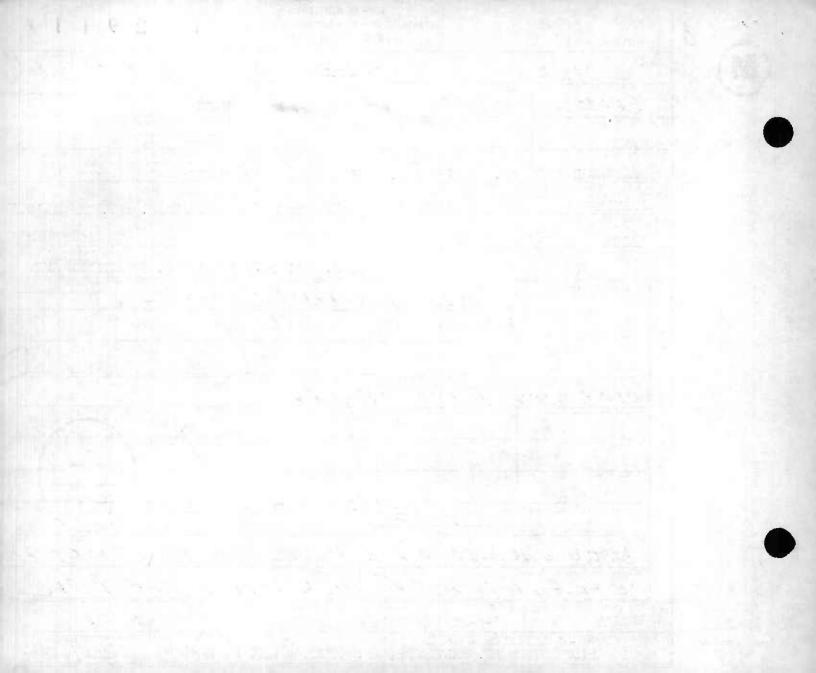


STATE OF MARYLAND - STATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Linwood Talley 1981 DATE OF BIRTH 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR 3. SEX IF UNDER 24 HRS DATE 5:05 PRONOUNCED 1081 Black DEAD Male 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Baltimore City, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Denison Street RETAIN PA Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13e. STATE MIDDLE 17. INFORMAN **ADDRESS** 622 DENISON ST (YES, NO, OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY A BURIAL - TRAINE A AND MENTAL HYGIENE H AND MENTAL HYGIENE Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A B CERTIFICATION Mitral Valve Prolapse RWARDED TO THE CHIEF N PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA), 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOXX 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN STATE AT WORK AT WORK 22e. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide death resulted fram: Natural causes Accident Undetermined manner TO FUNERAL DIRECTOR AFTER DEATH, WITH BALTIMORE, MARYL TITLE (SPECIFY) DATE 11-9-81 Assistant SIGNATURE SIGNED EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. TYPE OR PRINT 230 BURIAL CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION **DHMH-17** (VR A15 ME (5) 15M2/80



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/ 11	FOR STATE			DEPARTMENT OF HEAL		N. P.	13	0 1 1	- 12
Ľ	REGISTRAR		WE	EDICAL EXAMINER'S	CERTIFICATE O	F DEATH	REG. NO.	7 1 1	0
	DECEASED NAM	E FIRST	AKA - Fr	aser Taylor	LAST	20 DATE	KNOWN XX MON	TH DAY YEAR	26. HOU
-	(TIPE OR PRINT)	Ale	exander		Taylor	DEATH	MATED		
. :	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE	MON		2d HOU
	Male	White	6 28	, MC	INTHS DAYS HOURS	MIN. PRONOUN DEAD	CED	1 7 1981	11:4 D. A
	BIRTHPLACE (STATE OR		VHAT COUNTRYS I		9 BALTIM	ORE CITY OR COL		1 2 1
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10	CITY OR TOWN		11. NAME OF HO	OSPITAL, NURSING HOME, OR C		120 USUAL OCCUP			USINESS
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US			OR OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE ADMISSION)		Stúdent			
	a. STATE	13 COUN	1IA	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?			1007	
۰	Maryland I. FATHER'S NAM		imore	Lansdowne		724 5th A	venue 2	1227	
7	FIRST		MIDDLE	LAST	15. MOTHER'S MAIDE FIRST		DDLE	LAST	
11	Alexan		Fraser	Taylor, Jr.	Elizab	eth	ADDRESS	Faller	n
100	(YES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)						
	NO			212-80-3947	Elizabeth	Taylor 7	724 5th A		1227
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		,			opsy XX Inspection			y opinion	
	deoth result	ted from: Notu	irol couses .	Accident, Suicide _		Undetermined ma	nner,		
	ACTUAL	11.	P.	1	TITLE (SPECIFY)		DA	ATE II O	0.1
1	SIGNATURE	VMC	ma of	man	M.D. Assistan	MEDICAL EXAM	INER SIC	ATE 11-8	18-
H	EXAMINER'S	NAME (S	aninin i	. Dolan M.D.		Penn Str	oot		
		V	irginia L	. Dolan, M.D.	ADDRESS				
	(TYPE OR PR								
23	(TYPE OR PR	ATION, REMOVAL		23c. NAME OF CEMETERY		23d. LOCATION		COUNTY	STATE
	(TYPE OR PR	mation	11/11/81	Loudon Park	Crematory	Baltimor	re	Man	ry1ano
	(TYPE OR PR	mation	11/11/81		Crematory	CITY OR TOWN	re	Man	rylano

Charles and the control of the contr MIDDLE

17b. KIND OF BUSINESS OR I TYPE OF WORK FOR MOST OF WORKING LIFE Key Circle N. H. Cain Mary Maddox 3006 Clifton Avenue APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE November 10 and that in (m) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN c/o Maryland General Hospital 11/14/81 Burial Mt Auburn Cemeterv Baltimore BY REGISTRAR TO REGISTRA William C. March F/H 1101 E. North Avenue (VRA 15. 4)

OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

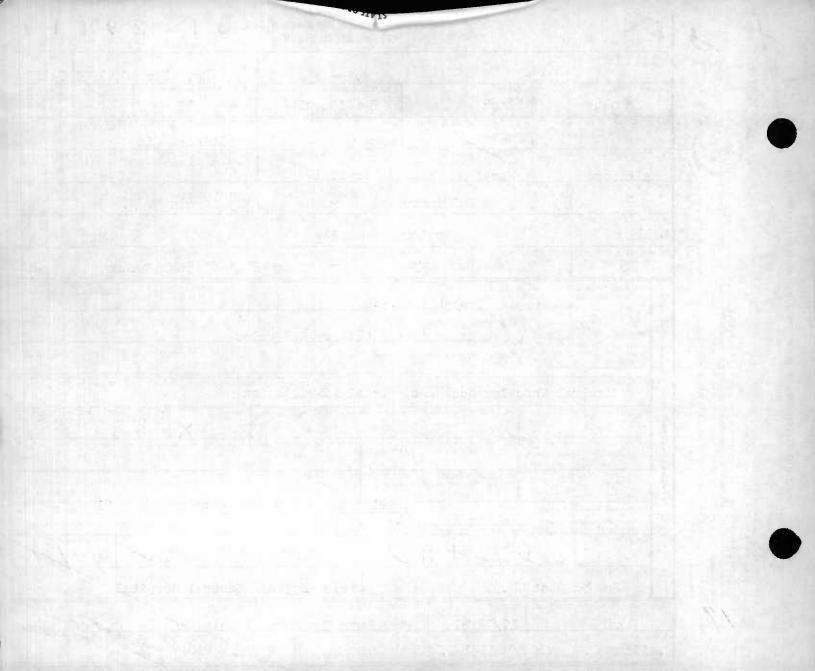
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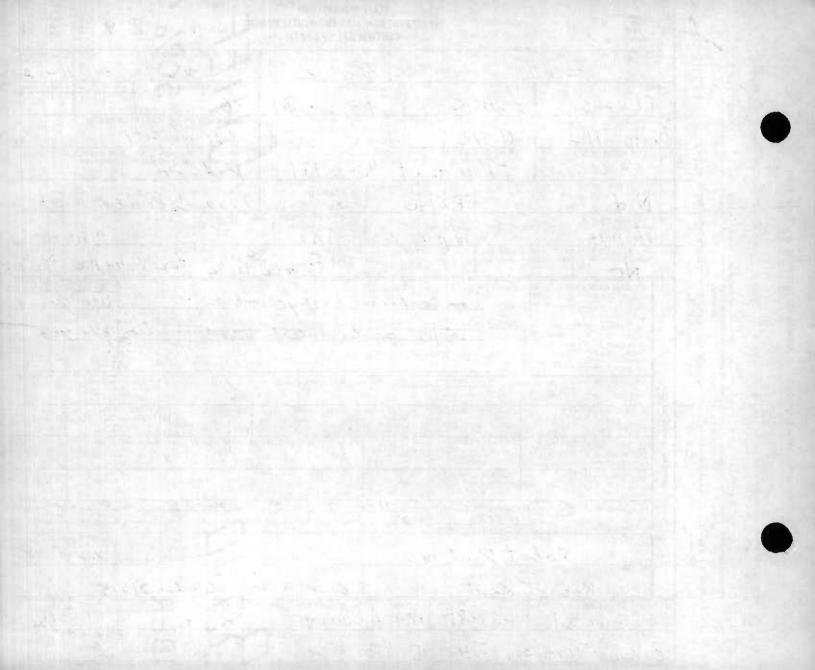
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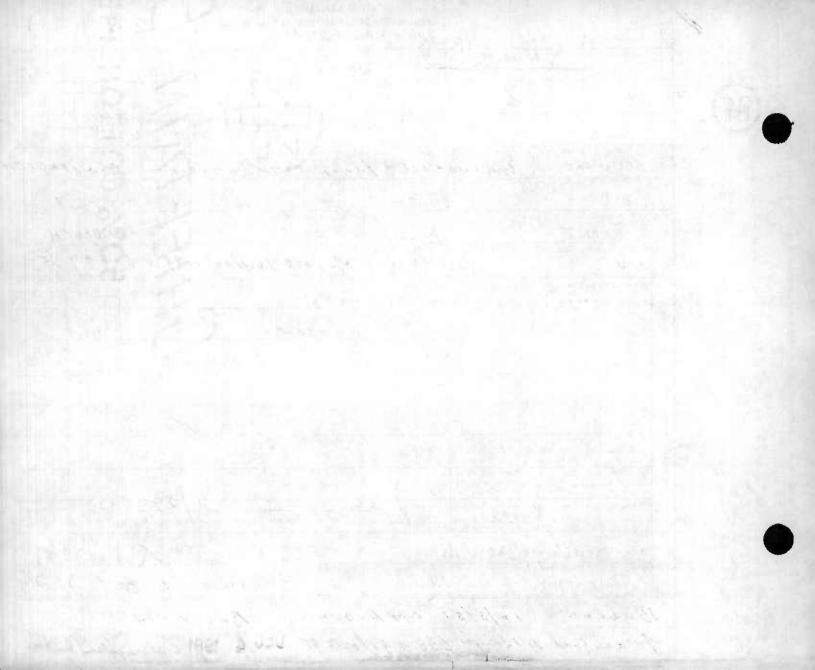
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	Spate 1	7	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	29120
				CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 2b. HOUR
	2 50			kstell	le	laylor	7101	V 18 81 1042AM
	1/1/2		3 SEX		1 RACE	S. DATE OF BIRTH	6. AGE JIN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	1 11			EMALL	BLACK	9-16-1901	80	YRS
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ARYLAND	1 12	201)4 FA	THER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA		TAST L
WA	1 280	116		1 homas	Taylor	Ida		Williams
BALTIMORE,	e esecu	1		(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES)	The Family	Fayloe 280	12 Violet Ave Balto
MALTI	Sich Sich de La Contra de La Co			18 CAUSE OF DEATH (Enter onl	y one couse per line for (a), (b), an	die		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	th ce nding carb			5609	DUE TO, OR AS A CONSEQU	ENCE OF		
REST	dea atte			Conditions, if ony, which gove rise to immediate	(1b) Cypes	gastre inteste	usel obser	ullon 1/2 yrs
W. PRESTON	by the			cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	ENCE OF		
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RECORDS,	ow representation perior	6	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AI R	The landing the has	1	RTIFI				YES NO	YES NO
DIVISION OF VITAL	ZACCT	17		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
O Z	SIC	7	MEDICAL	11 EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M.	19 21f. LOCATION		
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12	13-		230 B	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	134 TOCATION	COUNTY STATE
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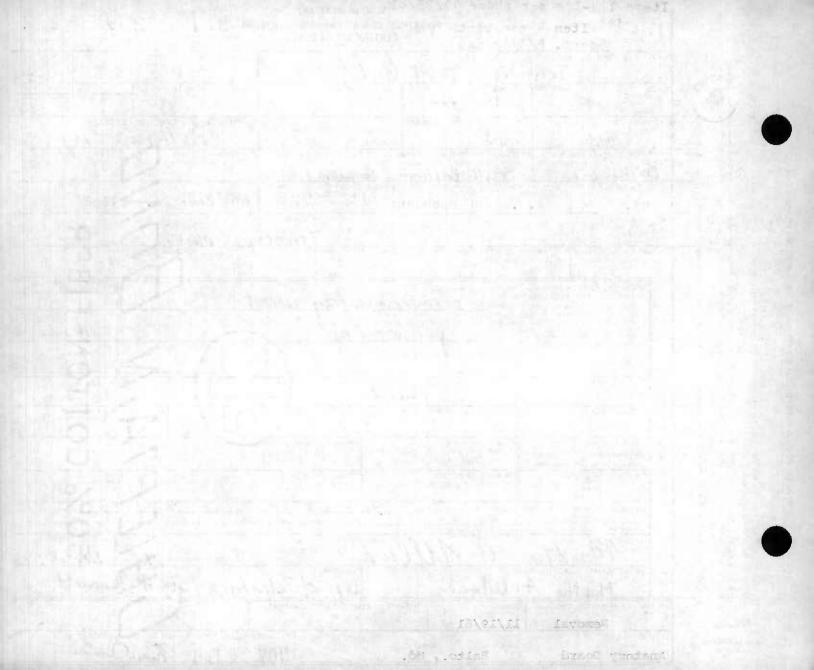


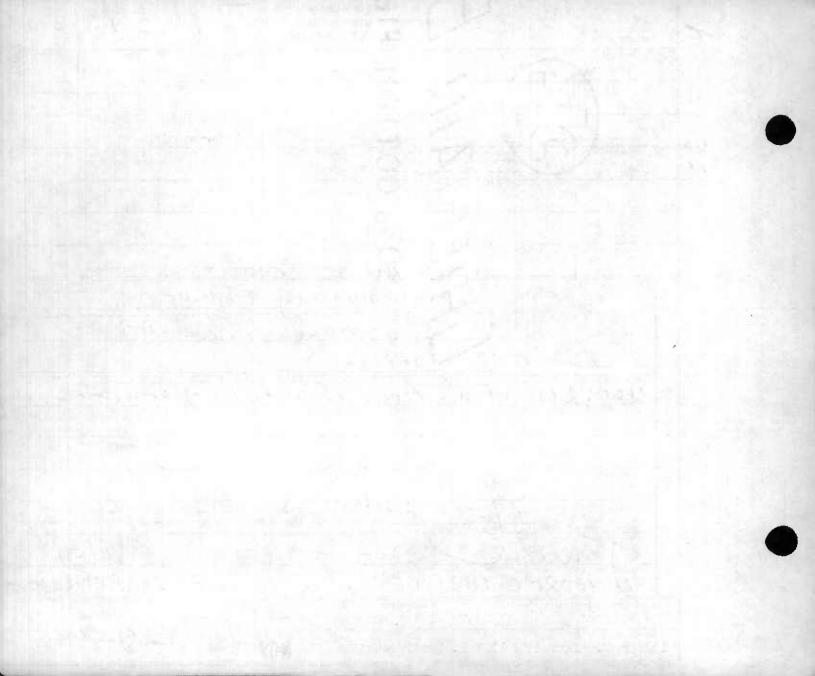
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 25 HOUR (TYPE OR PRINT) 10:25 PM 3 5EX 4. RACE 5. DATE OF BIRTH 6 AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 13 2903 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALT WIDOWED M. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPS OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE CUNSTR MODNEM SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b COUNTY 130 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS CAREY_ST 1139 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE GRANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT greTaylow 1139 N CARAY (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF neumonica Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES. WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NOT 21a ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 71d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN NO! WHILE 22a I certify that (1) (this haspital) attended the deceased fram 51 the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death 77% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING VMEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS .SNOU 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY ansfact n I Sampe (38 n gr/mon 54 DHMH - 16-50M 1/81 (VRA 15, 41



	1.	FOR dad ITem 4 REGISTRAR CORT	per birth DEPA	RTMENT OF H	EALTH AND MENTAL HYO		2	9 1	4 4
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Now You	3. SE	X	4. RACETA	S. DATE C		6. AGE (IN YEARS LAST BI		INDER 1 YEAR IF	UNDER 24 HRS
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72 h		RTHPEACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTI	RY? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	COUNTY OF	DEATH	
thin thin	10.0	MO . ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWE		Ba	15 more		MD.
by the filed will	t	altimore	South Balty	mene 6	eneral Hosp	12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST (12b. KIND OF BI INDUSTRY	USINESS OR
ad bluo	130.	AL RESIDENCE (IF NURSING HOME OF TATE 13 POUN A	OTHER INSTITUTION, GIVE RESIDENCE BE JTY 13c. CITY OR TO Pasac	OWN	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 295 Cove	Rd. 2	1122	
020	14. F.	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	y	LAST	
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	-	18 CAUSE OF DEATH (Enter on)					APPROXIMAT BETWEEN ONS	EINTERVAL
physicio npapers mavol.		PART I. DEATH WAS CAUSED	D BY: E CAUSE (0) Card	Drism	ratory avre	st	1887	BETWEEN ONS	ET AND DEATH
corbai corbai ar re-		77961 MEDIAT	DUE TO, OR AS A CONSE	OUENCE OF				E 9 4 5 7	
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shows ony i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES ☐ NO ☑	20b. IF YES, WIN CERTIFYIN	ERE FINDINGS	USED DEATH?
Hygin 8 sh	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAR	21c. HOW INJURY OCCUR				
buriol-tr Mental or tem_	₹ V	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)		DAT TEAR					
2 × 5	MEDICAL	21d. INJURY OCCURRED	21e. PEACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE. FARM, ETC.)	211. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
4 5 4	-	AT WORK NOT WHILE AT WORK							
2 G C X		22a.1 certify that (1) (this haspit sow the deceased alive on			11/18/19 51	, to	11 /18 19-		(I) (we) lost
DIRECTO sched for Dept. of h f frem 21		obove, (I) (we) (did) (did not	t) view the body after death.		d that in (my) (our) opinion	deoth occurred on the d	ofe and hour an		
1 6 6		226 SIGNATURE	a a.M.	luna	ATTENDING PHYSICIAN	MEDICAL STA		Nov 1	NED 1981
FUNERAL old be determined of the State		224 PHYSICIAN'S NAME (TYPE OF	R PRINT!		22e. ADDRESS	1. 0.	De el la	1 6	4.
should be de with the Stote		Martha 1	ti Ulman		Dept-of real	ames, J	06H, 11	anover S	1
- 0 > 5		SURIAL, CREMATION, REMOVAL		3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	DUNTY	STATE
	24.5	Removal	11/19/81		Tar. Sir.	TE DECID BY DECICES :	lati peciere :	VC C10	
30M 2/80 15, 4)		JNERAL DIRECTOR	ADDRES		250. DAT	E REC'D. BY REGISTRAR	23b. REGISTRAR	SSIGNATURE	
	AI	natomy Board	Balto., N	id.		2 0 1981	name y	town of	red to

Items 13a-13e per phone 11/23/81 STATE OF MARYLAND





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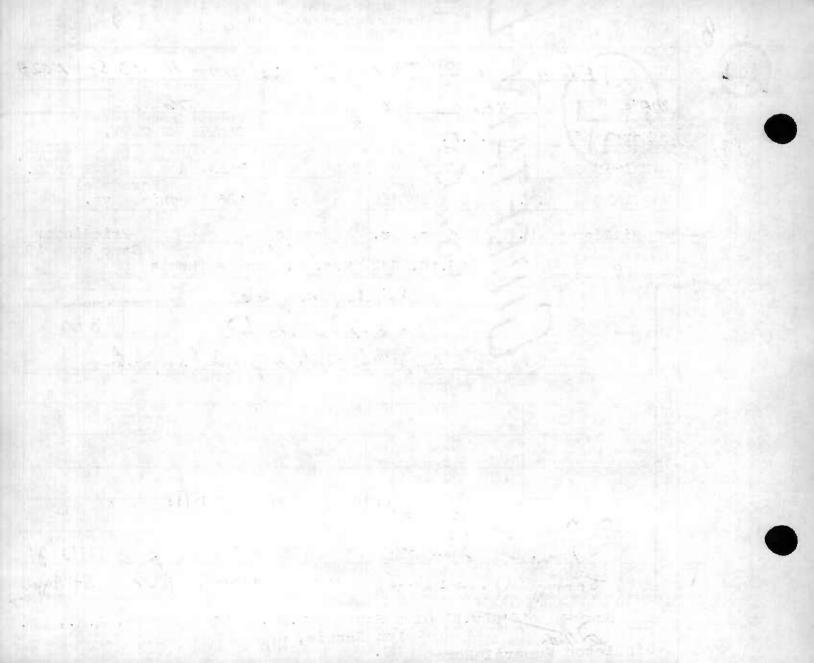
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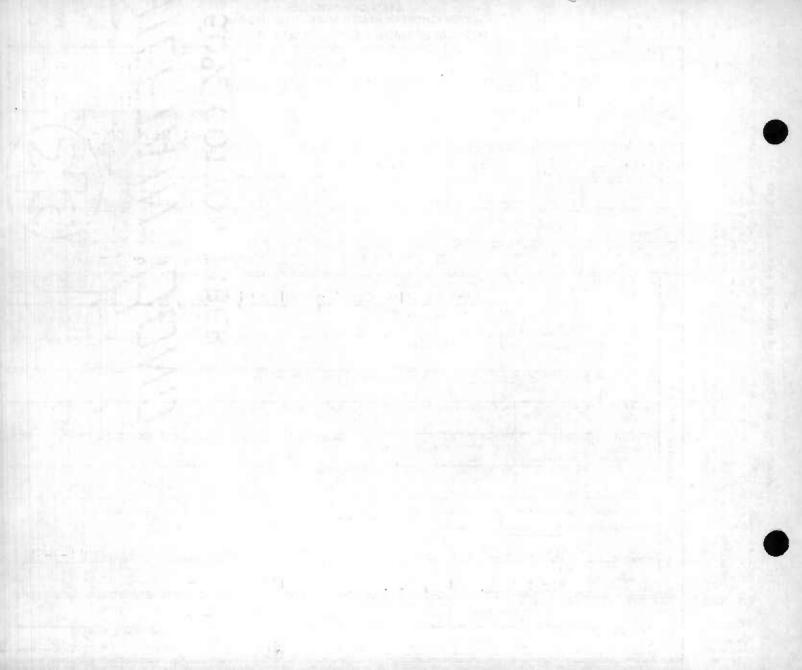
INFORMALINT 11/7/81 A.BUTUS HADALA PAR SALTINOTE (BALTO.) ED.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-8	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE 8 REG. N	2 9	1 2 3
		CEASED NAME FIRST OR PRINT) Fdw:	in Harold	Thomas, Sr.	20. DATE OF DEATH Novemb		981 1:02 M
1	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDI	ER I YEAR IF UNDER 24 HRS
5.0		nAle	White	June 6, 1905	7	6 YRS.	
35		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? $U.S.A.$	MARRIED WEVER MARRIED WIDOWED DIVORCED	BALTIMO	RE CITY	, MD.
Dollar Dollar	10. C	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ST. AGNES		120 USUAL OCCUPATION OF THE PRINTER	ON 12b. INC N	EWS AMER.
See	13a S	TATE 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY A. GLEN BU	N 1134 INSIDE CITY HAUTS?	13e. STREET ADDRESS 106 Eug	(Fernd enia A	lale) .ve.
) 20 C	14. FA	THER'S NAME William	H. Thomas,	Sr. Bessie	WE	Fr	iedinger
Z medical		YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 215.10.	7 44 7		Dani	ne as # 13
ovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), an	1 1	1-1-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mation, ar rem r troumatic eve		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	arbozeria sh	rels)		3 M
or other		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	peiled acute in	yorandel i	mfaret	
injury.	TION		CONDITIONS <u>CONTRIBUTING TO I</u>		MAL DISEASE OR CON	dition given in	PART Ita
lene pris	CERTIFICATION	190 date of operation	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES □ NO□	20b. IF YES, WERI IN CERTIFYING (YES [E FINDINGS USED CAUSES OF DEATH?
Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR	RPART 2)
ked or It	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TO	wn co	DUNTY STATE
of Health 21 is mar	T.		tall attended the deceased from	8 and that in (m) (our) opinion	death accurred on the do	3 19 ate and hour and f	from the causes stated
NT: If frem		22b. SIGNATURE	. D. Spart	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	FF .	C. DATE SIGNED
with the St		22d. PHYSICIAN'S NAME (TYPE O	grint) O. Skar	-leh 200 C	Atom's	Ave	St. Agger
642 ¥ ₹		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUN	NTY STATE
-12-	24 FI	Burial,		en Haven Mem.Pk	• Glen I	Burnie,	A.A., MD.
1/81 (1)		Singleton Fu	neral Home	Glen Burnie, NO	V171981	251 REGISTRAR	as then



_ FOR		ATE OF MARYLAND F HEALTH AND MENTAL H	YGIENE /	0 1 2 6
T STATE REGISTRAR		NER'S CERTIFICATE O	()	
1. DECEASED NAME FIR	ST MIDDLE	LAST	2a. DATE KNOWN K	
(TYPE OR PRINT)	ames E.	Thomas Si	OF ESTI-	11 6 1981
3 SEX 4. RACE	5. DATE OF BIRTH 6. AGE (IN	YEARS IF UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE	
Male Blac	k 4 17 1924 57	YRS. HOURS	MIN. PRONOUNCED DEAD	MONTH DAY YEAR 24 HOUR 4:08
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9. BALTIMORE CITY C	OR COUNTY OF DEATH
N.C.	USA	WIDOWED DIVORCE	9.00	re City.
ID. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION (TYPE	
Baltimore	Provident Hospit	ål	FOR MOST OF WORKING LIEE)	OK INDUSTRY
	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM.		13e. STREET ADDRESS	
Md	Baltimore	YES NO .	1015 McDonough	Street
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEI		LAST
Hubert	Jeffers	Rosa	MINDEL	Thomas
160 WAS DECEASED EVER IN U.S		RITY NO. 17. INFORMANT	ADDRESS	
No -	, GIVE WAR OR DATES) 212–28–	/884 Karolyn '	Thomas 524 Radn	or Avenue
18 CAUSE OF DEATH (Ente	er anly ane cause per line far (a), (b), and (c).).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CA	EDIATE CAUSE (a) Hypertensiv	e Cardiovascular	Disease	DETWEET ONSET MAD DESIGN
14029	DUE TO, OR AS A CONSEQUENCE	E OF		
Canditians, if any, w				
cause (a) stating the un lying cause last.		E OF		
lying coose lost.	(c)			
	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI	RMINAL DISEASE OR CONDITION GIVEN IN PAR	T 1 (a).	
190 DATE OF OPERATION	196. CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOPSY?
FIC				
190 DATE OF OPERATION 210 EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE		21c. HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 F	
UNDERLYING OR CONTRIBUTING CAUSE		AR		
21d. INJURY OCCURRED	21e PLACE OF INSURY JATHOME	21f. LOCATION		
WHILE NOT WHILE AT WORK	STREET, EACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	tharge of the remains described above, held an			d in my apinian
death resulted from:	Natural causes XX, Accident L,	Suicide, Hamicide	Undetermined manner	
ACTUAL)INO	ine Yala	TITLE (SPECIFY)		DATE II 7 OI
SIGNATURE	or the contract of the contrac	m.D. <u>Assistant</u>	MEDICAL EXAMINER	SIGNED 11-7-81
SIGNATURE				
	irginia L. Dolan, M.D.		Penn Street	
EXAMINER'S NAME V	irginia L. Dolan, M.D		Penn Street	
	AL 23b. DATE 23c. NAME OF C	EMETERY OR CREMATORY	123d LOCATION	COUNTY STATE
EXAMINER'S NAME V (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOV	AL 236. DATE 23c. NAME OF C	emetery or crematory Memorial Park	233 LOCATION CITY OR TOWN Arbutus	COUNTY STATE MO



Raymond R, Thomas Thomas			ASED NAME	FIRST		MIDDLE		LAST		20	DATE K			DAY	YEAR	26 HOUR
3. SEX 4. RACE SOUTH DAY TEAR SO	15	(ITTE C	m Penal)	Raym	ond	R.		Thomas			OF DEATH /	MATED X	11	1719	81	
Jacob	3.			RACE	5. DATE OF BIRTI	YEAR	LAST BIRTHDAY) M	UNDER 1 YR.			RONOUNC	CED	MONTH	DAY		14 HOUR 0:30
18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 MORE OF WORKING LIFE OF WORK OR STREET ADDRESS 16. Biddle Street 17. B	Q 70	a. BIRT	HPLACE (STAT				RY? 8. MA	RRIED NEV		ED 📙	BALTIMO	-	-	TY OF DE		A. M
136. COUNTY 136. COUNTY 136. COUNTY 137. CITY OR TOWN 138. INSBE CITYLINITS? YES ② NO □ 1232 N. Calvert St., Apt. 3 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 168. WAS DECEASED EVER IN U. S. ARMED FORCES? (175. NO, DR LINKHOWN) 176. YES, GIVE WAR OR DATES) 177. INFORMANT 188. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: 189. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: 180. WAS DECEASED EVER IN U. S. ARMED FORCES? (175. NO, DR LINKHOWN) 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 110. INTRODUCTION OF A WARD INTRODUCTION OF A WARD INTO PART I OF PART I O	0 10				(IF NOT IN SUCH	FACILITY, GIVE STRE	ING HOME, OR (12e. USUA	LOCCUPA	ATION (TYPE		126 KIND	OF BUS NDUSTR	MD SINESS Y
186. WAS DECEASED EYER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS			TE			13c. CITY O	RTOWN		NO [13. STREE	T ADDRES	s Calve	rt S	t.,	Apt	. 3
UNK . 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab Wound of the Neck Conditions, if ony, which gove rise to immediate cause (a) stoting the under-lying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING XXOR UNDERLYING XXOR 2116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 SUBject Was stabbed 216. PLACE OF INJURY (AT HOME 2011, DOCUMEND 11, DOCUMEND 11, DOCUMEND 12, DOCUMEND	Į I	I. FATI			MIDDLE	Į,	ST	15. MOTHE	R'S MAIDE	N NAME	MID	DOLE		LA	ST	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	16	(YES,	NO, OR UNKNOWN	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIA	AL SECURITY NO.	17. INFORM	ANT			ADDRESS -				
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UNDERLYING LADR CONTRIBUTING CAUSE OF DEATH ? P.M. ? 19 SUBject Was stabbed 21d INJURY OCCURRED 21d PLACE OF INJURY (ATHOME 21d LOCATION								SEASE OR CONDITION	GIVEN IN PAR	RT 1 (a).						
			ART 2 OTNER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT RELATED	O TO THE TERMINAL OF			RT 1 (a).						No []
*** I COME THOSE TO BE CHANGE OF THE COMMON OF CLOSE OF COME O		DICAL CERTIFICATION	96. DATE OF O 10. EXTERNAL INDERLYING CONTRIBUTING ON TRIBUTING ON TR	PERATION CAUSE WAS XXOR CAUSE OF CAUSE OF CURRED NOT WHILE XX WORK	196. CONE 196. CONE 216. TIME (HOUR A. 2 P. 216 PLACE X	DITION FOR W DE INJURY M. MONTH E M. ? OF INJURY COORY, FARM, ETC.	HICH OPERATION DAY YEAR 19 (AT HOME, 21f.)	HOW INJURY OF LOCATION STREET	MED? OCCURRED Was	stabb	ed corvor town Baltin	more,	Mary	YE:		NO .
270 I certify that I took charge of the remains described above, held on Autopsy XX, Inspection, Inquiry, and in my opinion death resulted fram: Notural causes, Accident, Suicide, Homicide XX Undetermined monner, ACTUAL SIGNATURE	3	MEDICAL CERTIFICATION	9e. DATE OF O 1e. EXTERNAL INDERLYING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING OTHER OF THE OTHER ONTRIBUTING ONTRIBUT	PERATION CAUSE WAS XXOR G CAUSE OF CURRED NOT WHILE AT WORK that I took charge	19b. CONE 19b. CONE 21b. TIME (HOUR A. 21e PLACI X ge of the remains d	DITION FOR W DEFINIURY M. MONTH E M. ? EOFINIURY COTORY, FARM, ETC.	DAY YEAR 19 (AT HOME,), held on Au	SUBJECT LOCATION STREET 6 E. Bi topsy XX, Homici	wed? Was ddle Inspection de XX	stabb St.,B	city or town Baltin Inquiry [mined mon	nore,	Mary d in my op	YE:	s XX	STATE
death resulted from: Notural causes , Accident , Suicide , Homicide XX Undetermined monner , ACTUAL SIGNATURE Undetermined monner , TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER SIGNED 11-17-81 EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS III Penn Street	301 78108 102	MEDICAL CERTIFICATION	90. DATE OF O 10. EXTERNAL INDERLYING ONTRIBUTING ONT	PERATION CAUSE WAS XXOR CAUSE OF CURRED NOT WHILE X AT WORK that I took chart from: Notu	19b. CONE 19b. CONE 21b. TIME (HOUR A. 2 P. 21e. PLACE 3 TREET, F. rginia L.	DITION FOR W DE INJURY M. MONTH E M. ? E OF INJURY ACTORY, FARM, ETC. House Accident [Dolan	OTO THE TERMINAL DI HICH OPERATION DAY YEAR 19 (AT HOME, 21f.) 1, held on Au , Suicide	SUDJECT LOCATION STREET 6 E. Bi topsy XX, Homici TITLE (SF M.D. ASS	wed? was ddle Inspection de XX FECIFY) istan	St.,B Undeter	ed city or town altin Inquiry [mined mon ALEXAMII	nore, nore, nore,	Mary d in my op	YE:	s XX	STATE
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	1	FOR STATE REGISTRAR	DE		ICATE OF DEATH	GIENE 8 1 2	9 1 2 8
moy be poge 3	1. DE	CEASED NAME FIRST ROPERINT)	rd L		nas	20 DATE OF DEATH - MONTH	DAY YEAR 26. HOUR 15 81 1225 AM
more more	3. SE	MALE	A RACE BLAC	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	PF	IRTHPLACE VIRGINIAN COUNTRY! VIRGINIAN COUNTRY!	76. CITIZEN OF WHAT COU	MARRIE		BALTIMORE CITY OR COUNT	TY MD.
7.HE		RATITIMORE.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)		128 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING L	IPE) INDUSTRY
OF The	LAPSU	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	VITY 13c. CITY O	HOPKINS TOWN ALTO	HOSPITAL 134 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1900 CECIL AVE	
E, MARYLA	14. F.	ATHER'S NAME	MIDDLE LA	MAS	15 MOTHER'S MAIDEN NA FIRST ANNA		THOMAIS
DOLAN DOLAN OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIA	L SECURITY NO.	17. INFORMANT	ADDRESS THOMAS 1900 CECI	
DR of the control of		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	lly one couse per line for (o),	7-6892	GERALDINE I	ACAS 1900 CEC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 LEASED AS NON MED BY DR DOLAN OF THE OFFICIAL EXAMINER & OFFICE MARYLAND STATEMENT OF THE OFFICE MARYLAND OF THE OFFICE MARYLAND OF THE OFFICE MARYLAND OFFI MARY	NO	Conditions, if ony, which gove rise to immediate couse to storing the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON	ISEQUENCE OF	east Failure	DISPOSE MINAL DISEASE OR CONDITION GIV	~ 10 YTS
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R ATTEND hospital or hospital or need for use ppt. of Heal for mem 28 is m		270 certify that (1) (this haspi sow the deceased alive on abovy, (1) (we) (did)((did no	tol) attended the deceased	7.30	nd that in (my) our) opinion	death occurred on the date and has	that (1) (we) last ur and from the couses stated
F Poch		226 SIGNATURE MACH	M billiot M	0	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Store		226. PHYSICIAN'S NAME (TYPE O	G11box MD			topkins Hospita	
QQ BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b DATE 11/11/81	BALTO.	emetery or crematory Cemetery	BALTIO.	соинту
) 7 0 DAMH - 16 50M 1/81 (VRA 15, 4)		uneral director ILLIAM C. MARCH	F/H 1101 E.	NORTH AV	250 DA	NOV 9 1981	RAR'S SCHATURE March

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	5 05	pe q	10. C	TY OR TOWN OF DEATH	4		HOSPITAL, NU		OR OTHER INSTITUT	ION	20 USUAL OCCUPA		126. KIND OF I	BUSINESS OR
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NI.	-D 0 vi	0		NO			212-32	2-0834	CHARLES	P. IH	OMPSON JR	. 6003		
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	Spe	₹	23a. E	SURIAL, CREMATION, RE	MOVAL	23b. DATE			EMETERY OR CREM	ATORY	23d. LOCATION	11/11/11		-/
7171) BP			BURIAL	13	NOV. 2			THEDRAL C		BALTIMO	RF	COUNTY	MD.
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	FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. N	2 9 1	30			
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	3. SEX Female	4 RACE White	5. DATE OF BIRTH MONTH DAY 2 9 31	6. AGE (IN YEARS LAST BIR	MONTHS DAYS				
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be execute	160 WAS DECEASED EVER IN U.S		CURITY NO. 17. INFORMANT	a Balt	ss. Md.				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ratherding physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fill than Amental Hygiene prior to burial, cremation, or removal. On the new show, any injury, or other troumatic event, the medical examiner must be a considered at them 18 show, any injury, or other troumatic event, the medical examiner must be a considered at them.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause loss. PART 2. OTHER SIGNIFICA Ca Ch	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	UENCE OF DEATH BUT NOT RELATED TO THE TER			-3/19/12/1			
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Balto., Md.

Anatomy Board

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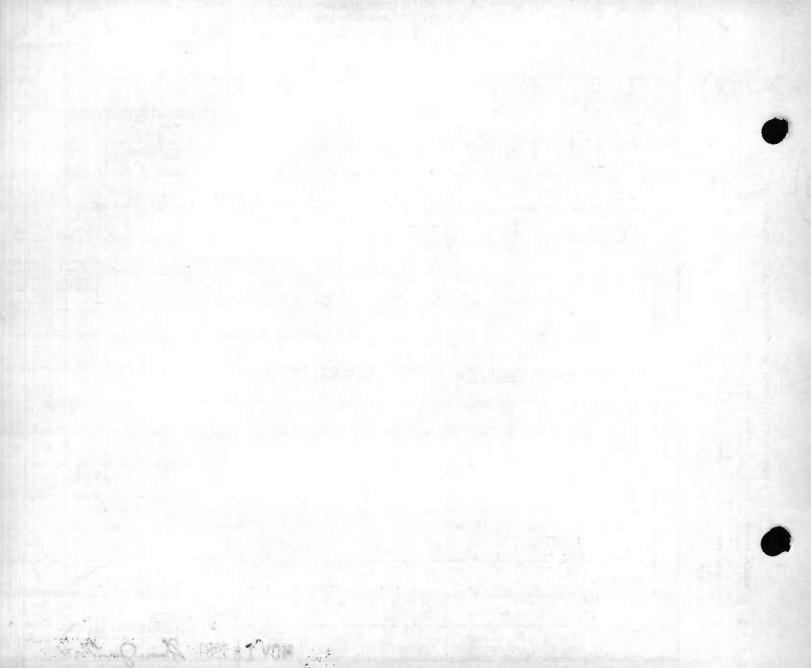
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Gaither Thornton 13 1987 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE 2d. HOUR MONTH YEAR LAST BIRTHDAY PRONOUNCED male black 9 9 28 53 YRS DEAD 13 1981 6"07 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH PM MARRIEDXX NEVER MARRIED FOREIGN COUNTRY Baltimore City OXFORD, N.C. WIDOWED DIVORCED 2, AND 3 TO THE H. 3. RETAIN PAGE 5 2 SHOULD BE FILED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) E. Federal Street 2518 Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) H30. STATE MD 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YEXX 2518 E. FEDERAL ST. NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ROBERT MIDDLE T.F.F. FIRST MIDDLE LAST ROSTER KATTE SPENCER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 219-22-6674 AGNES CATOR THORNTON 2445 E. JEFFERSON CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY MENTAL HYGIENE, N, OR REMOVAL. IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 190. DATE OF OPERATION NT OF HE BURIAL, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X BE STATE DEPARTMENT 21201 PRIOR TO BU 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21. PLACE OF INJURY (ATHOME. 711. LOCATION STREET, FACTORY, FARM, ETC. CITY OF TOWN WHILE AT WORK STATE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE C BALIIMORE, MARYLAND, 21201 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Hamicide ! Undetermined monner TITLE (SPECIFY) ACTUAL 11/14/81 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard.M.D. Penn Street, Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIAL 11/18/81 CROWNSVILLE: MD. VET CFM 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) W.C. MARCH F/H 1101 E. NORTH AVE. 15M 2/80



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.				

		STATE / REGISTRAR	DET AT	CERTI	FICATE OF DEATH	REG. N	10.	1 3 3	
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	3. SEX	Male	4. RACE White	S. DATE	OF BIRTH 5 DAY 1898	6. AGE (IN YEARS LAST BII	IF UNDER LYE MONTHS DA		
3	CO	HPLACE (STATE OR FOREIGN UNTRY) Canada	76 CITIZEN OF WHAT COUNTR	MARRIE WIDOW	ED NEVER MARRIED DIVORCED		OR COUNTY OF DEATH	MD.	
c	Bal	or town of death	11. NAME OF HOSPITAL, NUR (IFNOTIN SUCH FACILITY, GIVE STR 3301 Grenton	Ave.	OR OTHER INSTITUTION	12a USUAL OCCUPAT		D OF BUSINESS OR RY	
5	Mar Mar	ryland 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEF NTY 134. CITY OR TO BAITIMO		136 INSIDE CITY LIMITS? YESXXX NO []	13e. STREET ADDRESS 3301 Gren	ton Ave.		
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	2	20.1 certify that (1) (this hasp saw the deceased alive ar	ot) view the body ofter death	, o	nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN COMPANY C	, to	dote and hour and from t	the couses stated	
	2	2d. PHYSICIAN'S NAME (TYPE) Gracito P	Catricio, M.D.		272 ADDRESS 2926 E. Colo			70187	
	(SPI	rial, cremation, removal ecify) B urial			emetery or crematory	23d. LOCATION CITY OR TOWN Baltimo	соинту	STATE	

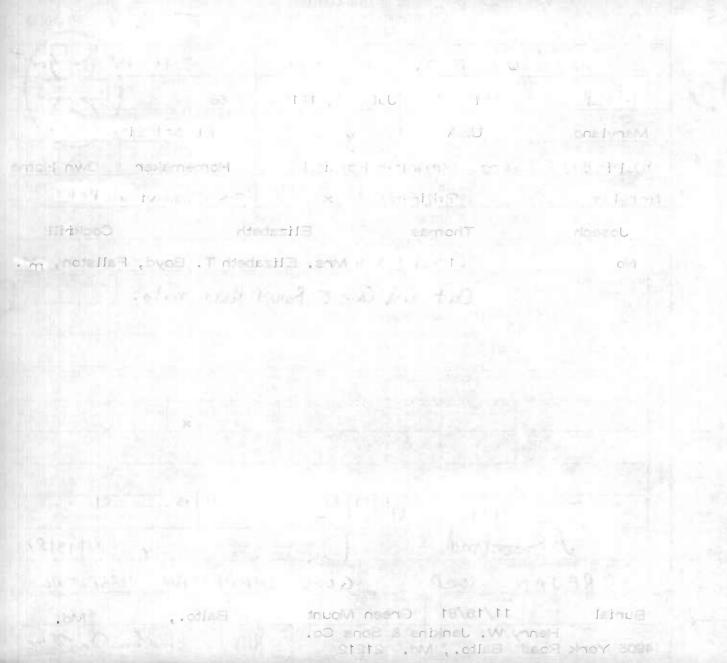
DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR
NATE conard J. Ruck, Inc.

ABaltimore, Md.

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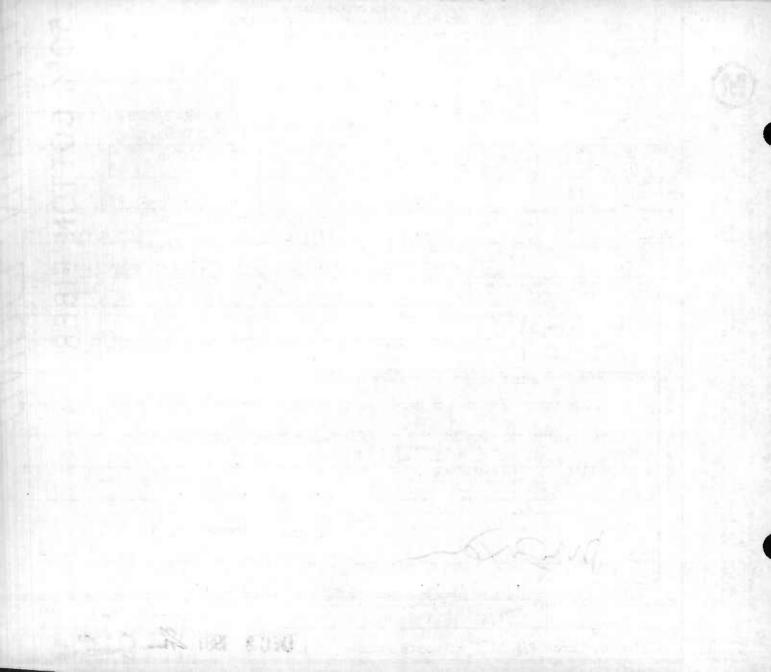


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	A
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling in by the funeral appeals should be detached for use as the buriol-transit permit. Then please remove carbon appeal. Papeal and 2 should be filed within 72 sources with the State Dept. of Health and Mental Hygiene prior to buriol, comedian; or amound	
IMPORTANT: If them 21 is morked on them 18 shows any injury, an other traumlatic event, the medical resources matrice at once.	

					STATE OF MARYLAND		
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by the has by the has ERAL DIREC se detached State Dept.			22b. SIGNATURE	3 KONDEL	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O HOSPITAL etained by the TO FUNERAL should be det with the State	A L		22d. PHYSICIAN'S NAME (TYPE OR PRI WATER	KOPPEL	1900 G NO	PRTHERN PK	WAY Balto hid
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BP		24 E1	NERAL DIRECTOR	1911 KC1 150	are Menny (2)	ul Bolan	
DHMH - 16.50M 1/1 (VRA 15, 4)	31	17 FU	PRICE The	el Home DDRASS De	Ebunuly DEC	E REC'D. BY REGISTRAR 25% RE	EGISTRATE SIGNATURE

STATUTE TO SHOULD WANTED BY 11/2/62 2016 AUDI TOM 1 484/40 Telling to the Control of t and the state of t

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR I. DECEASED NAME DATE KNOWN X (TYPE OR PRINT) ESTI-81 WILLIAM TRACEY DEATH MATED 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY) PRONOUNCED 81 male 27 negro 4 1944 DEAD 37 YRS 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City USA Md WIDOWED [DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Johns Hopkins Hospital OR INDUSTRY Baltimore HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SHOULD OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORD IRAL, CREMATION, OR REMOVAL. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Md Baltimore YES & NO [] 809 Castle Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST John Lillian Tracey Wallace 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO. ADDRESS YES. NO. OR LINKNOWN) 1913 Kennedy Ave. No 212-50-5940 Cora Vaughn APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stab wound to chest DUF TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION THE WRITING THE WORD "PER MEMARDED TO THE CHIEF MEMARDED TO THE CHIEF MEMARDED TO THE CHIEF MEMARDED TO FEED MEMARD." 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AMONTH DAY YEAR UNDERLYING DOR MEDICAL CONTRIBUTING CAUSE OF DEATH 5 . 4 OPM Subject stabbed 21e PLACE OF INJURY (AT HOME 21 LOCATION 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) 1050 N. Eden St., Balto. Md STATE house TO MEDICAL EXAMINER: TO RECUIF THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH WITH THE STABLES AND SHOULD BE SALLIMORE: MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an Autapsy Hamicide X Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11 - 28 - 81DATE SIGNATURE Ann M. 111 Penn St. Dixon, M.D. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Anne Arundel Co Md. Burial 12/4/81 Mt Calvary Cemetery 250 DATE REC'D. BY REGISTRAR PASSEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** William C. March F/H 11001 E. North Avenue (VR A15 ME (5) 15M 2/80



Mitchell-Wiedefeld Home 6500 York Rd 21212

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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40	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.					
	1. DECEASED NAME FIRST	MIDDLE	t.	AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HC	OUR
may be page 3 er death	(TYPE OR PRINT)	G. G.	TRINKA	US	11.	-27-81 10:	:39AM
ge 4 ma ector, po rs ofter c	Female	White	5. DATE C MONTH 11		6. AGE (IN YEARS LAST BIRTHDAY) 77	MONTHS DATS HOURS	DER 24 HRS
Shooth. Par Inneral dir in 72 hou	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUL USA	WIDOWE	NEVER MARRIED DE DIVORCED	9. BALTIMORE CITY OR COUL BALTIMORE	NTY OF DEATH	MD.
the the filed with	BALTIMORE	11. NAME OF HOSPITAL, NO PROPERTY OF MEN	TORYAL*S)HC	ROTHER INSTITUTION SPITAL	120 USUAL OCCUPATION (TREET OPERATOR	12b. KIND OF BUSII SWITChboa	
AND 213	USUAL RESIDENCE (IF NURSING HOM 130. STATE Md.	DUNTY 13c. CITY O		13d INSIDE CITY LIMITS? YES 🟋 NO 🗌	13e STREET ADDRES 524 N	. Charles St	t.
MARYL ted withing and 2 s	14. FATHER'S NAME Thomas	P Flana		15. MOTHER'S MAIDEN NA Mary	J.IDDLE	Kelly LAST	
oe execu	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)		03 3726	Janet Bolli	nger 1302 Tu	rret Rd. Bel	lair
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. Wher this certificate has been signed by the attending physician and completely filled in by os the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal. Or ked act them 18 shows ony injury, or other traumatic event, the medical examiner ansities to orked act them.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 1-5-8 21a. ACCIDENT WAS UNIDERLYING	196 CONDITION FOR V OF CONDITION F OF CONDIT	SEQUENCE OF SEQUEN	NWAS PERFORMED ABLITHICAL 1216. HOW INJURY OCCUR		YES, WERE FINDINGS US RTIFYING CAUSES OF DEL YES NO	SED ATH?
DIVISION TO HOSPITAL OR ATTENDING PHYS retoined by the hospital or attending TO FUNERAL DIRECTOR: After this should be detached for use as the bu with the State Dept. of Health and M MAPORTANT: If them 21 is marked or	sow the deceased alive above. (I) (we) (did) (did) 27b. SIGNATURE Much	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (spitol) ottended the deceosed on not) view the body ofter deoth, PE OR PRINT)	from No.		to DOTT death occurred on the date and DIRECTOR PHYSICIAN DEMONSTRATE LANGUAGE AND		
/// BP	230. BURIAL, CREMATION, REMOV	23b. DATE 11/30/1981	0aklaw	emetery or crematory n Cemetery	Baltimore	Balto Mo	d ^{STATE}
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Mitchell-Wiedet				E ACC'D. BY BEGISTRARY REC		

THE CONTRACT elle 11-11- erel, ace pour son de la company de la company

REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OF PRINT AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH MONTH MALE 85 AUI 30 1896 TO BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 130 STATE 136 COUNTY 13c. CILY OR TOWN 13e STREET ADDRESS D ALTO YES-20 NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDOLE OVAID 020 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 15-05-4511 ISADORET ROUALD 0 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF ENEUMONITIS. ASPIRATION Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF 440 underlying couse lost. GENERALIZED DEBILLY CERTIFICATION MULTIPLE CUA'S 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ď NO Hygier 21g. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntol (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION P CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET rked NOT WHILE JANUARY 220.1 certify that (1) (this hospital) attended the deceased fram... saw the deceased alive an. above, (1) (we) (did) (did not) view the bady after death 226/BIGNATURE DEGREE ATTENDING 1 MEDICAL STAFF PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS old b JOSE PH show TARANGELO M.D. 301 23d. LOCATION 235. DAT 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL

FOR

- STATE

126. KIND OF BUSINESS OR ELOF WORK FOR MOST OF WORKING LIFE) INDUSTRY ouse GAINIER SI FYETER LAST APPROXIMATE INTERVAL HYPOXIA WITH CARDIOVASCULAR CULLAPSE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE , and that in (my) (per) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED TRECTOR PHYSICIAN ST. PAUL PLACE ens of LTOI URIA 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND

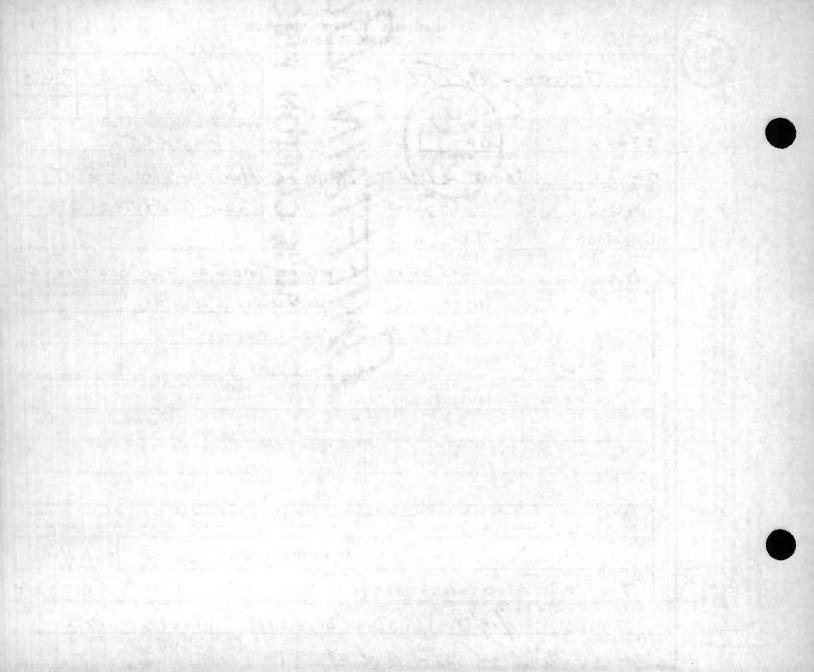
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

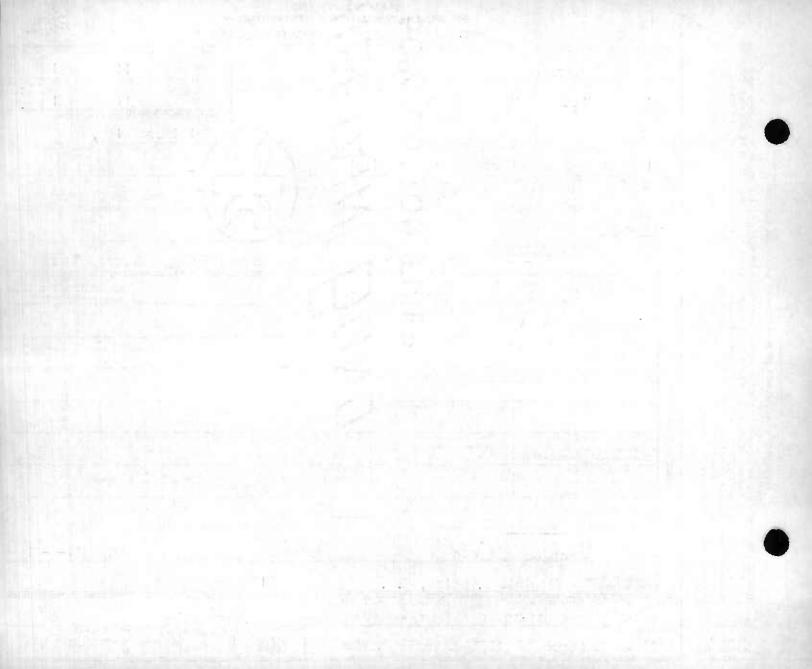
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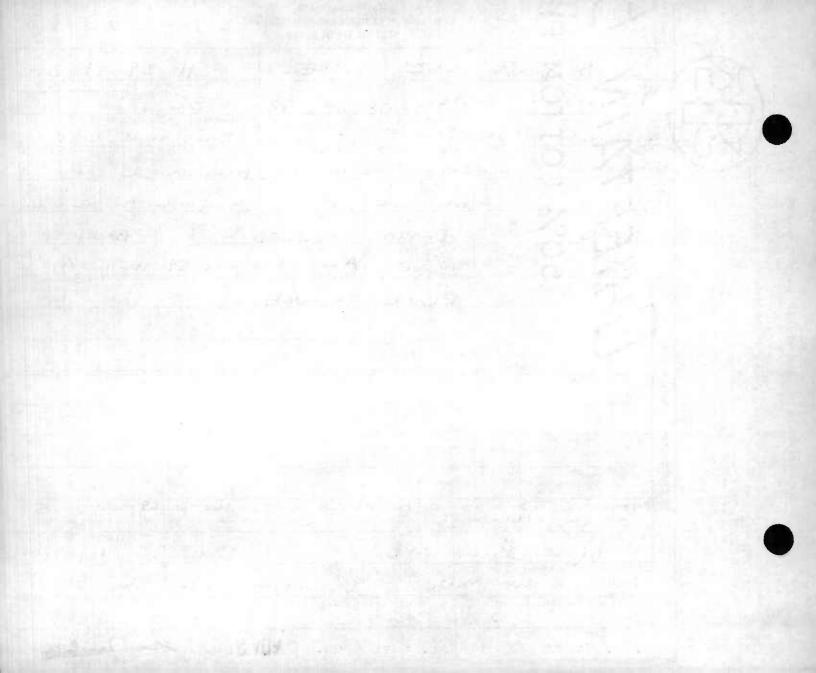
IF UNDER I YEAR

2b. HOUR



SAT	11-	FOR STATE REGISTRAR			DEPARTMENT DICAL EXA	OF HEALT	MARYLAND H AND MENTAL I CERTIFICATE (HYGIENE OF DEATH	REG. NO	2 9	1 4	2
32 35 55 F.F.		CEASED NAME DE OR PRINT)	Vernon	n Trusty				20. DATE KNOWN XX MONTH DAY YEAR OF ESTI- DEATH MATED 1 7 19 81			2b. HOUR	
SSARY, PLEASE PRECTOR. IR FILES. HOURS	3. SE)		CE 5.	DATE OF BIRTH	1936 6. AGE	(IN YEARS IF U	NDER TYR. IF UNDE		DATE NOUNCED DEAD	MONTH	7 1981	
労働の意思すぐ	Ja. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md			b. CITIZEN OF WH USA	IAT COUNTRY?	8. MARE	RIED X NEVER MARE	RIED 🔲	Baltimore		Y OF DEATH	MD.
RE, MD. 21201 FEATH. IF ANY DELAY IS NE FES 1, 2, AND 3T OT THE FU A PM. 3. RETAIN PAGE AND 2 SHOULD BE FILED FY UTAL RECORDS, 201 V	В	altimore			Home & H	ospital	HER INSTITUTION	12a USUAL FOR MOST	OCCUPATION (TYP OF WARKING LIFE)	E OF WORK	OR INDUS	USINESS TRY
21201 ANY DI AND 31 RETAIN HOULD I	13a. S	AL RESIDENCE (IF IN N TATE 1d	13b. COUNTY	OTHER INSTITUTION, GIV	136. CITY OR TO Baltimo	WN	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET	ADDRESS 23 N. Mad	eria	Street	
DEATH. IF DEATH. IF GES 1, 2, AND 2 SI OF VITAL		ather's NAME FIRST Clifford	,	MIDDLE	Trus	ty	15. MOTHER'S MAID FIRST Unknown	EN NAME	MIDDLE		LAST	
ALTIMO AFTER D IVE PAG H FORM NGES 1,	16a. V (Y	WAS DECEASED EVER (ES, NO, OR UNKNOWN) YES	(IF YES, GIVE WA	D FORCES?	219-30-		Gertrude	Trusty	523 N. M		a Stre	et
RDS, 201 W. PRESTON ST EXECUTED WITHIN 24 HOU ING" IN PENCIL IN ITEM 11 ICAL EXAMINER ALONG A BURIAL TRANSIT PERMI A AND MENTAL HYGIENE, MATION, OR REMOVAL.		PARTIDEATH V Conditions, iv gave rise to cause (a) statin lying cause last	any, which immediate g the under-	(b)	Cardion AS A CONSEQUE AS A CONSEQUE	MYODATH NCE OF NCE OF	SE OR CONDITION GIVEN IN P	ART 1 (a).			BETWEEN ON	ATE INTERVAL
F VITAL RECO E SHOULD BE WORD "PEND E CHIEF ASE BE USED AS. ENT OF HEALTH SEURIAL, CRE	CERTIFICATION	19a DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORMED?				20 AUTOPS	
ON OF V IFICATE S THE WC TO THE C HOULD BE ARTMENT FOR TO BU		210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DEA	ATH P.M.	MONTH DAY	YEAR	IOW INJURY OCCURR	ED LENTER NATU	RE OF INJURY IN ITEM 18	PART I OR PAR		
DIVISION HIS CERTIFING WRITING TARDED TO AGE 3 SHC AGE 3 SHC AGE 1201 PRICE	MEDICAL	WHILE NOT	WHILE D	21e PLACE C STREET, FACT	OF INJURY (AT HO ORY, FARM, ETC.)		OCATION STREET	Cff	Y OR TOWN	COU	Nty	STATE
DIV TO MEDICAL EXAMINER: THIS G EXECUTE THE CERTIFICATE. WRIT PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE3 AFTER DAATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		220 I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	n: Notural	of the remains desc couses XX LOCH	Accident ,	SuicideA	Hamicide , TITLE (SPECIFY) A.D. Assistan	Undetermi	nquiry . anned manner ., EXAMINER	DATE SIGNED	11-8	3-81
0 70 3 BP ——	F	URIAL, CREMATION, SPECIFY) Burial UNERAL DIRECTOR	150000000000000000000000000000000000000	DATE 1/12/81			or crematory emetery	23d. LOCA CITY OR TO Crown REC'D. BY REC	sville	COUN		state Md
DHMH-17 (VR A15 ME (5)) 15M 2/80		illiam C.	March F	F/H 1101°	E. North	Avenue			981 Alan	u g	Marth	p pos





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbondopers. Pages I and 2 should be filled wi

should be detached for use as the burial-transit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

IMPORTANT: If Hem 21 is morked or Hem 18 shaws ony

njury, or other traumatic event, the

	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND

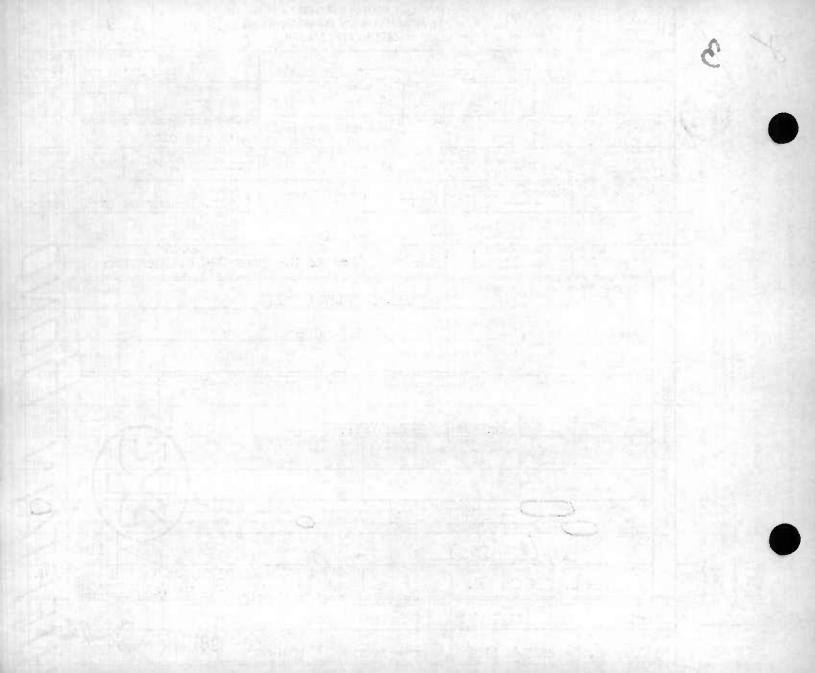
LAND MENTAL HYGIENE

REGI	STRAR			CERTIF	ICATE OF DEATH		REG. N	0.			
1. DECEASE			WIDDLE	ı	AST .	2a [DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
(A CONTRACT	DOROTH	Υ	LEE	TUCKE	R (Nimons)			11-5-8	31	1:20/	AM
3 SEX		4 RACE		5. DATE C			GE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 H	
f	emale	blac	k	MONTH	29 1914	4	67	YRS.	MONTHS DAYS	HOURS M	IN
7a. BIRTHPLA		76 CITIZEN OF	WHAT COUNTRY?	8 AA A DDIC	D-EX NEVER MARRIED	9.8/	ALTIMORE CITY C	R COUNT	Y OF DEATH		
	s. c.	USA		WIDOWE		□ Ba	1timore	city			MD.
10 CITY OR	TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		USUAL OCCUPAT			F BUSINESS	
Baltin	ore		Home Hos		1	(117	E OF WORK FOR MOST	or WORKING [IFE) INDUSTRY		
130 STAMO			GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimor	N	13d Inside City Limits Yes 📉 no 🗍		street address 06 N. Pat	terso	on Park	Avenue	e
14 FATHER'S		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		. LAS	T	
Henry			Harris		Mattie				Koon		
(YES, NO	CEASED EVER IN U.S. ARI DRUNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	214-14-3		Annette G.	Jone	s 206 N.		erson Pa	ark	
18 CA	USE OF DEATH Enter on	ly one couse per D BY:			RATORY ARRES	СТ		718	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEA	јн
vnde PART	e rise to immediate e lot, stating the relying cause last	(c)_	R AS A CONSEQUE		NOT RELATED TO THE T	TERMINAL	DISEASE OR CON	DITION GIV	VEN IN PART 100	31	
	0-30-81		RONIC CHO		N WAS PERFORMED		ES NO NO	IN CERTI	S, WERE FINDIN FYING CAUSES	OF DEATH?	
00.50	CCIDENT WAS UNDERLYING THE NOTIFY MEDICAL EXAMINER.	21b. TIME O HOUR A.	FINJURY M. MONTH DA		21c. HOW INJURY OCC					но 🗍	
WEDICAL 21d. IV WHILE AL WOR		21e PLACE	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
220.1	certify that (I) this haspit ow the deceased glive on bove, (I) we) (did)/did no	11-5	10	10 81 , or	nd that in (my) au opin	81, t	occurred on the do	ate and hou		that (I) (we) causes stoted	ast
22b. S	GNATURE Wal	43	enh	V	DEGREE ATTENDIN PHYSICIAL	N DIR	DICAL STAI	IAN	11-5		
	ALTER L. BEN				BROADWAY		SPITAL CO			100 N. l	
23a. BURIAL,	CREMATION, REMOVAL	23b DATE			EMETERY OR CREMATO	Pk 23	Arbutus	THE	COUNTY	Massace	

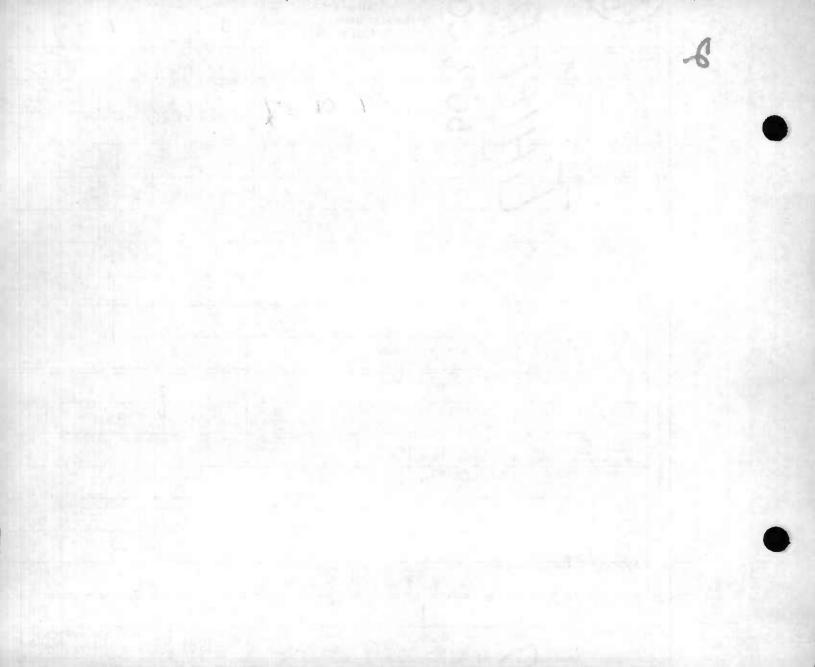
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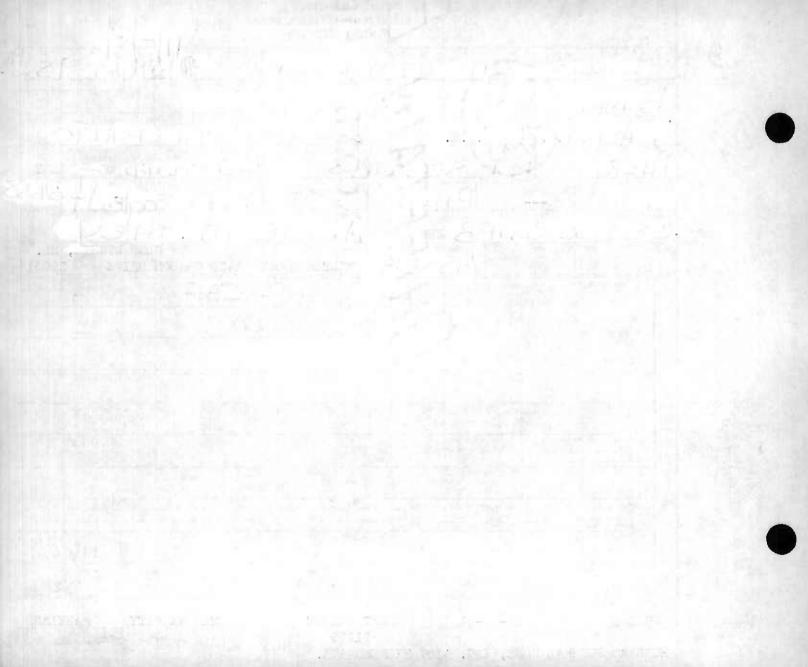
William C. March F/H 1101 E. North Avenue

250. DATE REC'D. BY SE STRARY IS REGIST

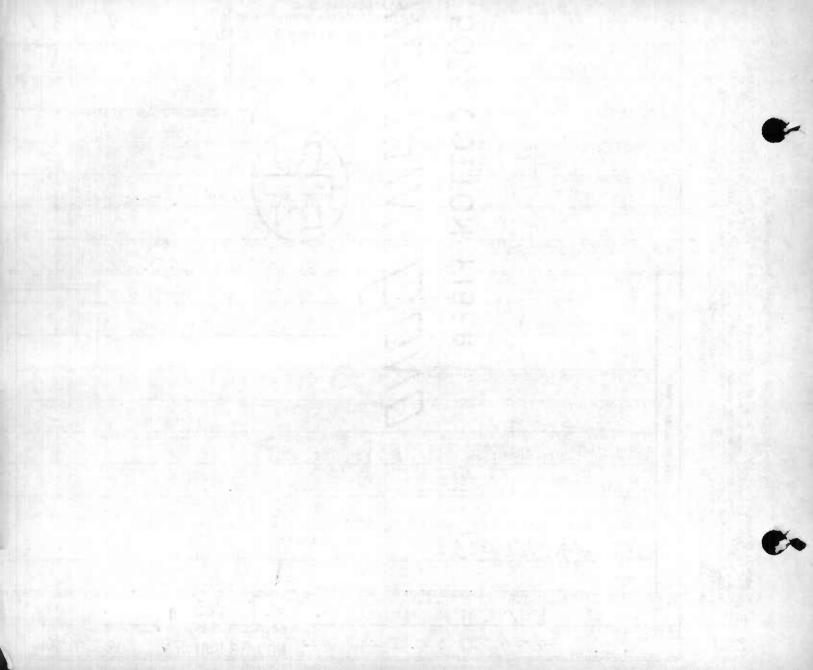


		STATE OF MARYLAND								
	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO. 2 9 1 4 5							
9 25		CEASED NAME FIRST				IRNER	20. DATE OF DEATH MON	TH DAY YEAR	DAY YEAR 26 HOUR	
poge er deg	3 SE	X	VKLIN 1 RACE	<u> </u>	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS	
ge 4 i rector.		M		B	MONT	OI 37	44	YRS MONTHS DAYS	HOURS MIN	
The Po	(IRTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
de de		ASH., D.C.	USA WIDOWE 11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL NURSING HOME OF HOSPITAL OF HOSPITAL		WIDOWE		BALTIMORE CITY ME 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR			
or s offe		BALTIMORE				(TYPE OF WORK FOR MOST OF WO				
AND 212	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP		ON, GIVE RESIDENCE BEFORE 13 C. CITY OR TOW BALTIM	'N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5213 FREDC	CREST RD.		
MARYL mpletely ond 2 s	14. F	ATHER'S NAME ROBERT	MIDDLE C.	TURNER		MAMIE MAMIE	AME MIDDLE P.	ROSŜ	ST	
imore, nond composed of compos		WAS DECEASED EVER IN U.S. AR			JRITY NO.	17 INFORMANT Toe Ann Harro	od 5213 Fredcr			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MAKTLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours r ottending physician. Wher this certificate has been signed by the attending physician and completely litted as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should little and Mental Hygiene prior to burial, cremation, or removal. arked or them 18 shows any injury, or other traumotic event, the medical examiner must be	NO	PART 1. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
TAL RECO	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION				N WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED NO CERTIFYING CAUSES OF DEATH? YES NO NO			S OF DEATH?	
OR ATTENDI he hospitol or DIRECTOR: A coched for use Coched for use Dept. of Heal	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	ATH HOUR	OF INJURY A.M. MONTH D. P.M. CE OF INJURY	19	21t. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	STATE	
	×	WHILE NOT WHILE AT WORK		STREET, FACTORY, OFFICE, F	FARM, ETC.)	Since	1 1/2 S	COOM		
		22a. I certify that (1) (this hospital) attended the deceased from								
	6	226. SIGNATURE DEGRÉE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-5. ST								
HO sine of the		WILLIAM A	R PRINT)	MBROWS	kI	BALTO	C174 1+	05P		
85 BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL				EMETERY OR CREMATORY US MEM. PK	CITY OR TOWN	COUNTY	MD.	
DHMH - 16 60M 1/75	24. F	UNERAL DIRECTOR	CH F/I	H 1100PRESSE	NOE		ATE REC'D. BY REGISTRAR 256	REGISTRAR SIGNA	Waithen	





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN L DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED David 18 19 81 Tvson 4. RACE 5. DATE OF BIRTH 2d HOUR 3. SEX IF UNDER 1 YR. IF UNDER 24 HRS DATE BIRTHDAY PRONOUNCED 25 62 19 male black 18 19 81 7:14P 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MD Baltimore DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Baltimore Johns Hopkins Hospital PM 3. RETAIN PA ND 2 SHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13h COUNTY Baltimore MD YES Y NO 1725 N. Guilford Avenue 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST Simmons Tyson Mary Mouzone 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS (YES. NO, OR UNKNOWN) No Mary Mouzone 1725 N. Guilford Ave 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of chest Weapon: Unspecified DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lvina cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [PAGE 3 SHOULD BE STATE DEPARTMENT 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING OR subject shot CONTRIBUTING CAUSE OF DEATH 71f LOCATION 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED STREET, FACTORY FARM, ETC.) 21st&BarclaySts.Baltimore City WHILE NOT WHILE MD TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STYLMORE, MARYLAND, 2 Inquiry 22a, I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide Ly Undetermined manner Accident Suicide ACTUAL Assistant LEDICAL EXAMINER 11/19/81 SIGNATURE EXAMINER'S NAME Hormez R. Guard M.D. ADDRESS 111Penn Street Balto MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY MDIE Burial Westview Mem. Park Baltimore COUNTY 11/24/81 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE C. March F/H ADDRES 101 E. North Ave. **DHMH-17** Keither VR A15 ME (5) 15M 2/80



STATE OF MADVIANO

LAST

DATE OF BIRTH MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Catonsville

Unger

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19

166 SOCIAL SECURITY NO

217-01-6664

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

the deceased from

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

Unger

MARRIED NEVER MARRIE

13d. INSIDE CITY LIM

15. MOTHER'S MAID

and that in (my) (our) (

DEGREE

23c NAME OF CEMETERY OR CREMA

Loudon Park Cemet

WIOOFE

J.

76 CITIZEN OF WHAT COUNTRY?

USA

St. Agnes Hospitel

STATE OF MARTEAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE
CERTIFICATE OF DEATH	

REG. NO 20. DATE OF DEATH

11

YEAR

28 81

26 HOUR

7:00PM

BIRTH	AGE (IN YEARS LAST BIRTI		UNIOER I YEAR	IF UNDER 24 HRS
6 DAY DEAR	75	YRS.	NTHS DAYS	HOURS MIN.
2	9. BALTIMORE CITY O	R COUNTY O	F DEATH	
NEVER MARRIED DIVORCED	Baltin	nore Ci	ty	MD.
OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	ired
3d. INSIDE CITY LIMITE?	324 White	Leld Ro	ed	
5. MOTHER'S MAIDEN NA/	ME MIDDLE		LA	ST
17. INFORMANT	ADDRE	SS		
Mrs. Elsie	M. Unger Sar	ne es #	[‡] 13	
of PROSTA	Te		BETWEEN	CIMATE INTERVAL ONSET AND DEATH
				5011-1-
OT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 1	0)
WAS PERFORMED	20a AUTOPSY?			OF DEATH?
al- How blunky occupa	0	YES		№ □
21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
9 10 80	. 4	~_72 10	21	1 . 10 1 . 11 . 1
that in (my) (our) pinion of	death accurred on the do	te and hour o		that (1) (we) last causes stated
GREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	30-8/
22e ADDRESS 5400 01d Co	ourt Roed ,	Rendel	lstow	n, Md.
metery or CREMATORY ark Cemetery	23d LOCATION CHYOR TOWN Baltimo:	re "	YTHUC	siMd.
25a. DATI	REC'D. BY REGISTRAR	56. REGISTRA	R'S SIGNA	TURE

puo Poges puo physicion popers. F offe pau 0 Then to bu pee ony à certificate has the buriol-tronsit and Mental Hygie 00 Item 50 TO FUNERAL DIRECTOR: detoched tote Dept. Hem should be detorwith the State C IMPORTANT: If STATE REGISTRAR

1. DECEASED NAME

Male

Baltimore

Maryland

Julius

(YES, NO OR UNKNOWN)

No

14 FATHER'S NAME

13a STATE

CERTIFICATION

MEDICAL

BIRTHPLACE ISTATE OR FOREIGN

CITY OR TOWN OF DEATH

District of Columbia

(TYPE OR PRINT)

. SEX

FIRST

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

Beltimore

MIDDLE

I (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE to

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

White

George

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (a), stating the

underlying cause last

19a DATE OF OPERATION

21d. INJURY OCCURRED

saw the deced

230. BURIAL, CREMATION, REMOVAL

22b. SIGNATI

AT WORK

(SPECIFY)

21a. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING T CAUSE OF DEATH

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

Leslie Abremowitz M.D.

236 DATE

12/2/81

1630 Edmondson Avenue, Catonsville, Md. 21228

220.1 certify (Min all alvis hospital) atten-

BP. (VR A 15 (4))

DHMH - 16 50M 7/77

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BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

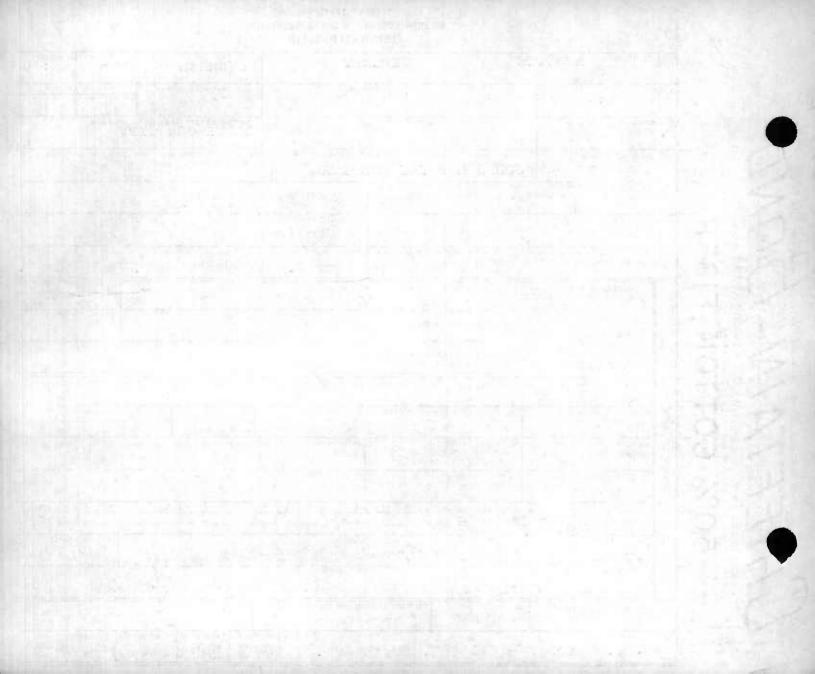
	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	1	2	9	1	4	9
	CERTIFICATE OF DEATH		REG. NO.					
AA AD DA E	1.67							

		REGISTRAR				CER	ITICALE OF DEATH		REG. NO.		
		CEASED NAME E OR PRINTS	ichael		M.	Uradni	cek		or DEATH MONTH ember 22,	1981	2b. HOUR
	3. SE	x Male	4	RACE White		MC	TE OF BIRTH 21. 19, 1941	6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
9		IRTHPLACE (STATE OR I	FOREIGN 7	U.S.		ITRY? 8 MAR	RIED NEVER MARRIED	D	ORE CITY OR COUNT		MD
0	Bä	ITY OR TOWN OF DEA altimore		(IF NOT IN SUC	2913 EC	chodale	A Venue	(TYPE OF WO	LOCCUPATION ORK FOR MOST OF WORKING LNter		OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURS STATE Maryland	13b COUNT	THER INSTITUTION. Y	13c CITY OR Balti	TOWN	13d. INSIDE CITY LIMITS?	29	ADDRESS Bal	t., Md. le Avenu	
0		Michael VAS DECEASED EVER		DDLE J.	Uradr		15. MOTHER'S MAIDEN N	е	MIDDLE C.	Buce	k
		YES, NO OR UNKNOWN)		WAR OR DATES)		SECURITY NO 8-4243	Michael J.	ther: Uradnic		alt., Md Echodale	
	ATION	Conditions, if any, gove rise to imm cause to statin underlying couse	which nediate g the lost.	CAUSE (0) DUE TO, OI (b) DUE TO, OI (c)	RAS A CONS	SEQUENCE OF	-CINOMA U	MEASS			2
2	CERTIFICATI	19a. DATE OF OPERAT	TION	196 CONDI	TION FOR W	HICH OPERAT	TION WAS PERFORMED	200 AUT	IN CERT	ES, WERE FINDIN IFYING CAUSES YES [OF DEATH?
7	MEDICAL CE	210. ACCIDENT WAS UNE OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH	CAUSE OF DEATH	P./ 21e. PLACE (M. MONTH M. OF INJURY	DAY YEA	9 211. LOCATION	JRRED (ENTERN	IATURE OF INJURY IN ITEM 18	(PARI 1 OR PARI 2)	STATE
I		220.1 certify that (I) sow the decease above, (I) (we do	(this hospito	1112			ond that in (my) (our) apinio	, to	No. 21		that (I) (we) last causes stated
		22d PHYSICIAN'S NA	ME STYPE OR P	en l	alm	No	DEGREE ATTENDING PHYSICIAN 22e ADDRESS R	MEDICAL DIRECTOR	PHYSICIAN P	1/12	361
	12	BRIC -		ENBAL	in.	M	Medical	Cente	E VELLUN	s stdmi	n 15to a tur
	230 B	Burial Buria		Nov 2	5 1981		F CEMETERY OR CREMATORY View Memorial	CIT	ATION YORTOWN YKesville	COUNTY Mar	ryland

Leonard J. Ruck Inc. Baltimore, Maryland

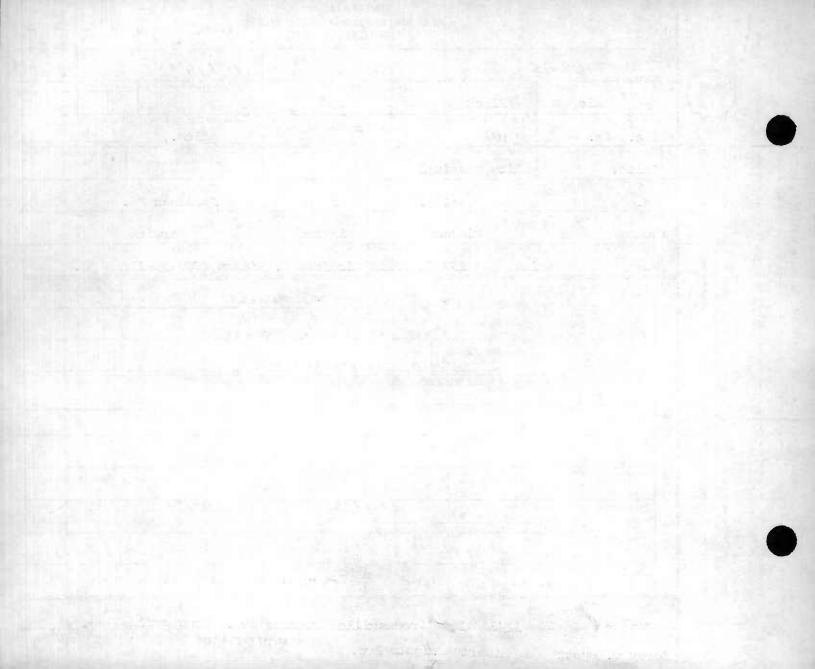
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- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



8728 Liberty Road Randallstown, MD. 21133

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE eminuville . Tu

Glen Burnie, Md.

FOR

(VRA 15, 4)

Raymond C. Fink

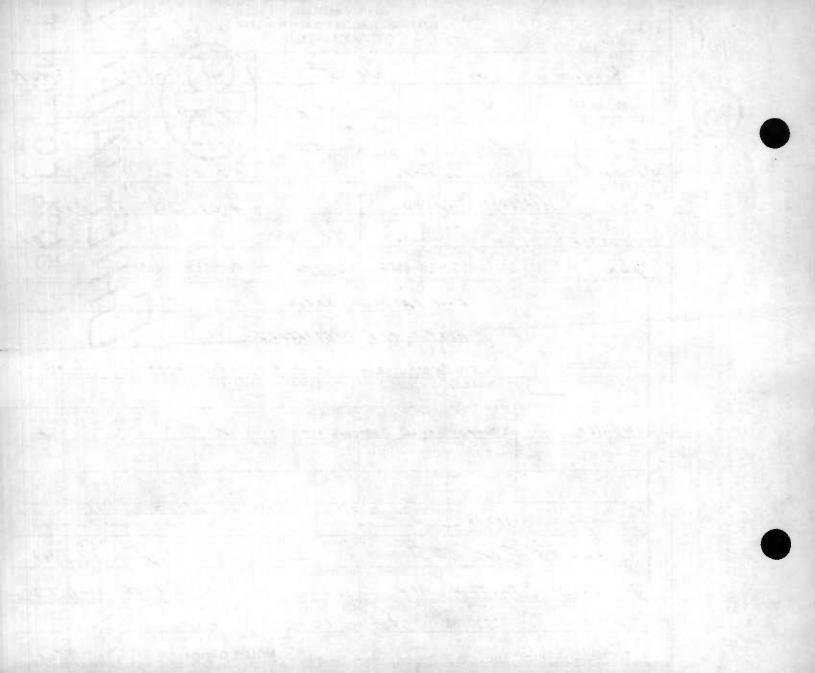
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18		FOR STATE REGISTRAR	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGII CATE OF DEATH	REG. NO.	29155
		OR PRINT) FERN	ELIZABETH I	NAGNER	20 DATE OF DEATH MO	8 81 720 pm
	1. SE	-	Caucasian 5. DATE OF	BIRTH PAY YEAR 17	6. AGE (IN YEARS LAST BIRTHO	MONTHS DATE HOURS MIN.
35	Ja Hi	RTHPLACE STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED		BALTO.	COUNTY OF DEATH CITY MD.
1/3		BALTO.	(IF NOT IN SUCH FACUITY, GIVESTREET ADDRESS)		120 USUAL OCCUPATION TO SELECT HOUSE OF W	
33	136.3	10 IX COUNT	VIVIEL GLEN BURNE	YES NO	3. STREET ADDRESS	AVE. GARLAND.
20)	FRANK	UEUTVER6E	R HELEN	WIDDIE	KNAUE
12		No	219-01-5121	Douglas F.W	agner, Sr,	Husband, same as 1
event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
r troumatic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE DE	URE		
or other to		gove rise to immediate cause (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (c)	IARY CIRK	CHOSIS	
injury, o	NOI	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> but n	OT RELATED TO THE TERMIN	NAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a
shows only	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
Item 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY II	NITEM 18 PART 1 OR PART 2)
rked or 1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		220 I certify that (I) (this hospital saw the deceosed alive on above, (I) (we) (did) (did nat)		that in (my) (our) opinion de	eath accurred an the date	and haur and fram the causes stated
ANT: If them		22b. SIGNATURE		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	11/8/8/
MPORTAN	×	STEVELV	RAPP	22e ADDRESS	36H	
		urial, cremation, removal Species Burial		METERY OR CREMATORY Iaven Mem. Pl		rnie COUNTAA, Md STATE
/81		meral director ames S. Kirkle	ey, Glen Bürnie, M	Id. NO	1 0 10 01	BEGISTRA SIGNATOR LATTER

Sty-De-3421 [Bourdan a Tree hors, in trabanduction as element and the second melity of B. vo. The But two lines all elected neith welters

5	1.	FOR STATE REGISTRAR VIRGIA	A	RTMENT OF HEALTH AND MENTAL H	YGIENE 8 Z	6044
death	1. DE	CEASED NAME FIRST	MIDDLE	WAGNER	20 DATE OF DEATH MONTH	9 8 1 12:301
le l	3 SE	x Female	CAUCASIAN	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) ON ON ONE OF THE PROPERTY OF	IF UNDER 1 YEAR IF UNDER 24
W		IRTHPLACE TO ATE OF FOREIGN COUNTENT TGinia ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNT	MARRIED WEVER MARRIED	Baltimore C	City
e filed w	B	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE ST	HOPKINS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Housewife	126. KIND OF BUSINESS INDUSTRY
should be	130.	STATE	13c. CITY OR T		3118 Queens	Castle Cou
1 and 2 states)	ROBERT WAS DECEASED EVER IN U.S. AR		ARD BIRTY	MIDDLE	Peak
he medical		YES, NO OR UNKNOWN) (IF YES, GIV	ve war or dates) 214-2	2-5821Henry C. W	3118 Queens Vagner Stre	et, MD.211
ing prysic rbanpape ir remaval iic event, t		DADT L DEATH WAR CALICE	TE CAUSE (a) CA	npiac ann	HYTH MIA	BETWEEN ONSET AND DE
emave co mation, o		Conditions, if any, which gove rise to immediate		WAL FAILURE		13 PAYS
riat, crei		cause 101, stating the underlying cause last		as tatto ca	NICER	ESTIMATED
or to bu	TION		conce	TO DEATH BUT NOT RELATED TO THE TEI		
giene pr	CERTIFICATION		A Description	ICH OPERATION WAS PERFORMED	YES NOT Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
ental Hyginem 18 sh	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
h and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	CE. FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
of Healt		22a.1 certify that (1) (this hospi saw the deceased glive an above, (1) we) (did) (did no	tol) attended the deceased fro	m 1 19 8 19 8 1 and that ir (my) (aur) opinio	n death accurred on the date and ha	19, that (1) (we)
detached tate Dept		22h. SIGNATURE	1. Euser	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
with the Si		324 PHYSICIAN'S NOTE (TYPE OF		220 ADDRESS	BROADWAY	BALTIMONE,
, <u>s</u>		BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 2	R NAME OF CEMETERY OR CREMATORY Sacred Ht.Of Jes	23d LOCATION CITY OR TOWN	county stat
1/B1	24 F	UNERAL DIRECTOR Duda-		25e D	ATE REC'D. BY REGISTRAR 256 REGIS	TRINS SIGNALITY

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-Charles Edward DEATH MATED 8 198 Ward 4. RACE 5. DATE OF BIRTH 2d. HOUR SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) 5:35P PRONOUNCED Male White 8 1981 10 62 19 DEAD 26 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED Baltimore City L CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 176. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore University Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 2609 Northshire Drive Maryland Baltimore NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND Ward Ruth Barrett Edward 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS AS A BURIAL-TRANSIT PERMIT, PAGES I ALTH AND MENTAL HYGIENE, DIVISION CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) 212-84-2017 Ruth Ward 2609 Northshire Road 21230 NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED AS A B CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO [21n EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUNXXXXMONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 11:30M 6 Pedestrian struck by auto 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY LAT HOME. STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE & CITY OR TOWN STATE street 2300 Blk. Patapsco Ave MD 220 I certify that look charge of the remains described above, held on Autopsy Accident K Undetermined monner death resulted fram: Notural couses TITLE (SPECIFY) ACTUAL M. Deputy Chiefedical EXAMINER DATE 11/9/81 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto. . (TYPE OR PRINT) 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY 11/13/81 Meadowridge Mem. Park Burial Elkridge Howard Co. Balto., Md. 21229 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH-17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5)

15M 2/80

well got brown that, Inc. of I tell continue to a NOVIII but a fame On Mark.

6	1	FOR STATE REGISTRAR	MED	EPARTMENT OF	HEALTH IER'S C	ARYLAND AND MENTAL HY ERTIFICATE OF	DEATH REC	2 9 5. NO.	1 6	Ü
		PE OR PRINT)		WIDDLE		LAST	2a DATE KNOW OF ESTI-		DAY YEAR	2b. HOUR
LASE TOR. PURS PURS	3. SE	I rene	Mary Is DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	Vard DER 1 YR. TIF UNDER 24	DEATH MATEL HRS. 2c. DATE	HTMOM	1981 DAY YEAR	M 2d_HOUR
2000		emale Black	Oct 4	93 ASTBIRTHD	AY) MONTH		PRONOUNCED DEAD	1.1	2 1981	10:59
	Be B	DREIGH COUNTRY) altimore Md	U.S.A.	AT COUNTRY?		ED NEVER MARRIED	= 1	_		MD.
PAGE S		Baltimore	(IF NOT IN SUCH FACI	ITAL, NURSING HOMI LITY, GIVE STREET ADDRESS) OUNTMON COL		ER INSTITUTION 1	20. USUAL OCCUPATION FOR OST PROPERTY IN	(TYPE OF WORK	26 KIND OF BU OR INDUSTI fe	ISINESS RY
21201 AND 3 AND 3 RETAIN HOULD RECORD	USU/ IJo. S	AL RESIDENCE (IF IN NURSING HOME OF MILES AND		Baltim o	re	13d. INSIDE CITY LIMITS?	31419 Mount	mor Ct.		
NOW NOW THE	1	ather's Name Stanley C		LAST		15. MOTHER'S MAIDEN Martha			LAST	
URS AFTER DE B. GIVE PAGE WITH FORM IT. PAGES 1 A DIVISION OF		WAS DECEASED EVER IN U.S. AR YES, NO. OR UNKNOWN) (IF YES, GIVE	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT		RESS	1 2 1	0.1
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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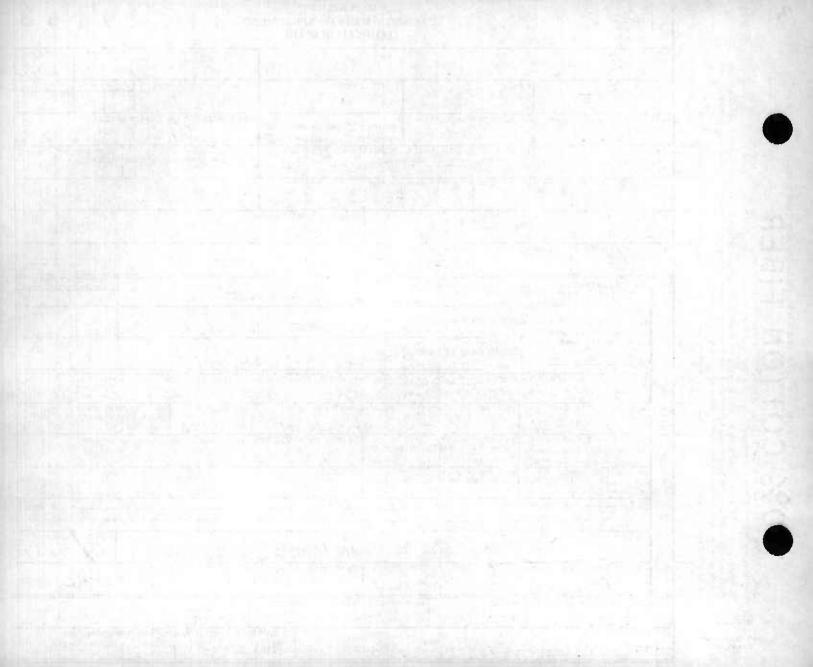
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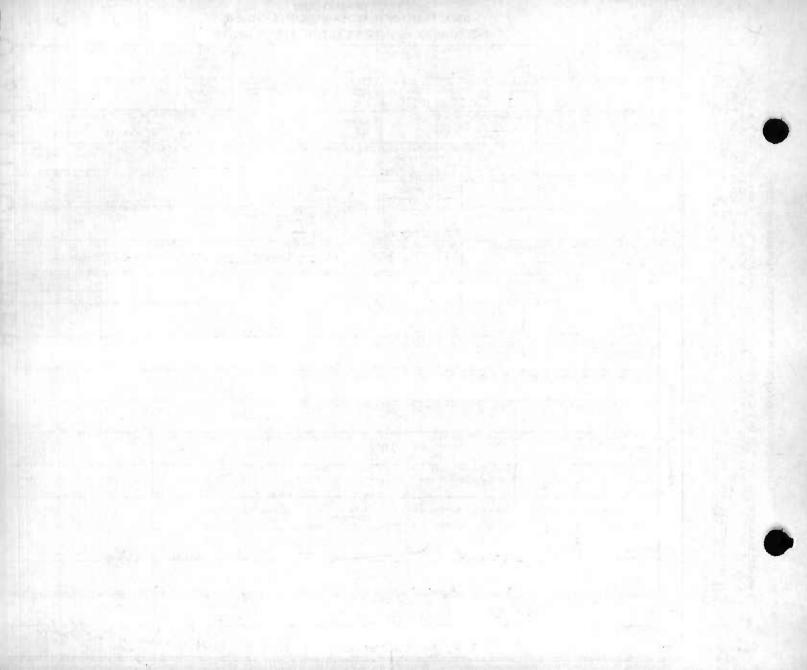
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1101 E. Worth

STATE OF MARYLAND

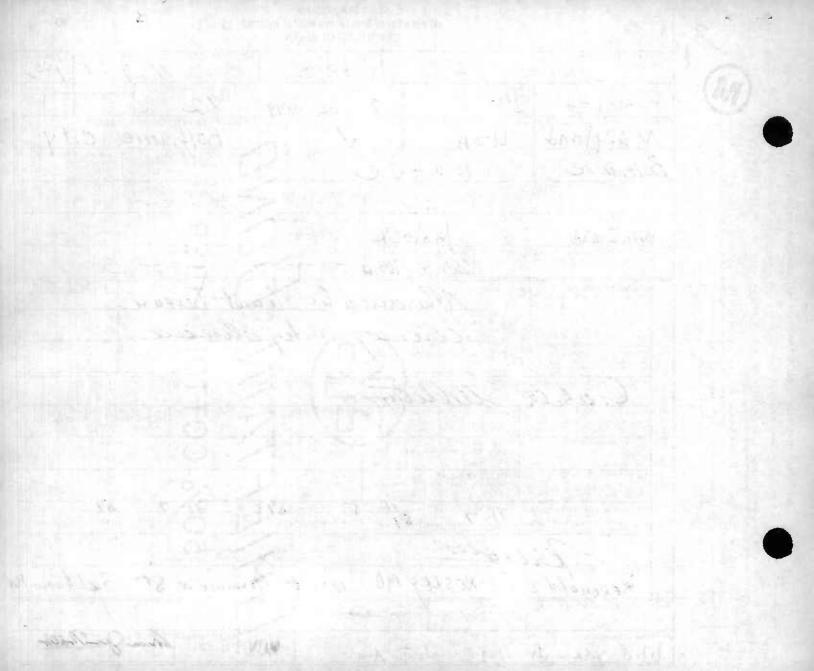
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

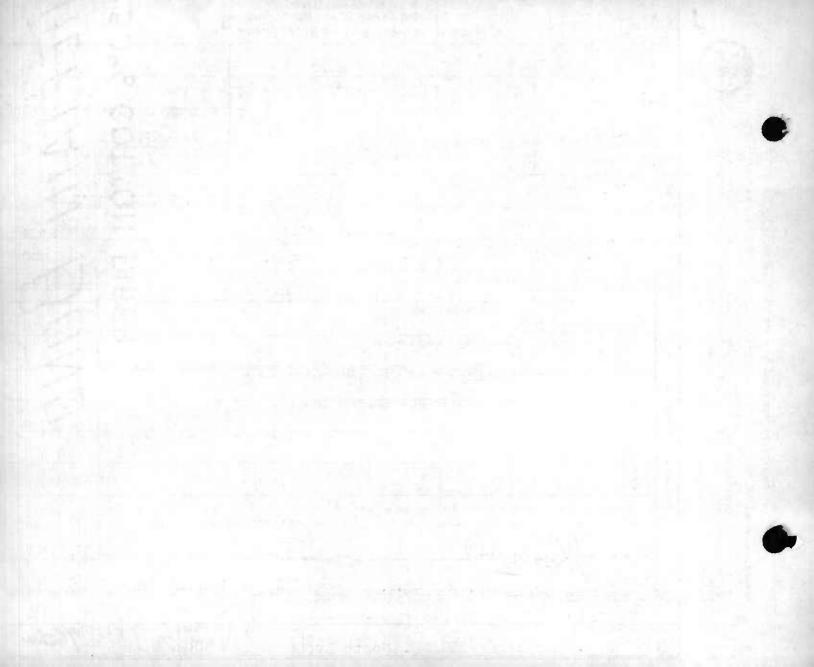
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(VRA 15, 4)



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) W. OF ESTI-DEATH MATED Waters John 141981 4. RACE 6. AGE (IN YEARS | IF UNDER 1: YR. 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED black male 1 9 06 75 DEAD 7:06/ 14181 b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY BALTO., MD. USA WIDOWED XX Baltimore City DIVORCED IO. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS (IF NOT IN SUCH 12206 ETTT Thigs Street OR INDUSTRY Baltimore AGES 1, 2, AND 3 TO T DRM PM 3. RETAIN PA 11 AND 2 SHOULD BE FI VOF VITAL RECORDS, 2 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE MD. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY BALTIMORE YESXX 2206 ETTING ST. 21217 NO 🗌 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, MIDDLE MIDDLE LAST JOHN W. WATERS, SR. MOLLIE FREDERICK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BURIAL-TRANSIT PERMIT, PAGES I AND MENTAL HYGIENE, DIVISION VATION, OR REMOVAL. (YES, NO. OR UNKNOWN) John D. Waters 8769 Hayshed Lane NO 215-07-4883 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A E OF HEALTH / CERTIFICATION DEPARTMENT OF HE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALIZIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry death resulted fram Natural couses Accident Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11/14/81 SIGNATURE. EXAMINER'S NAM ADDRESS 111 PennStreet Balto MD 21201 (TYPE OR PRINT) Guard M.D. 230 BURIAL CREMATION REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Randallstown Md Burial 8/81 St Thomas Cemetery 24 FUNERAL DIRECTOR 256. REGISTRAP'S SIGNATURE William C. March F/H 1101 E. North Ave **DHMH-17** (VR A15 ME (5)) 15M 2/80



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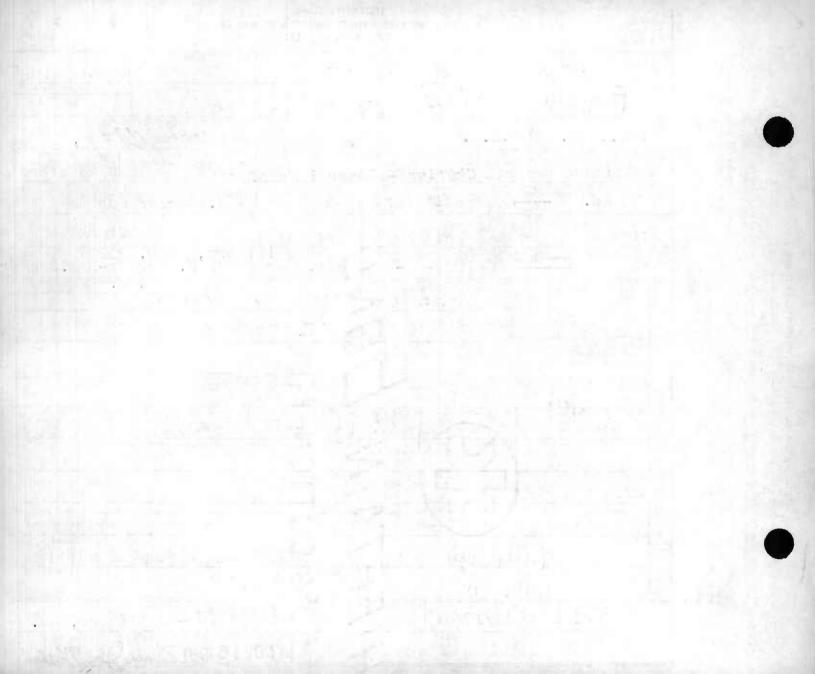
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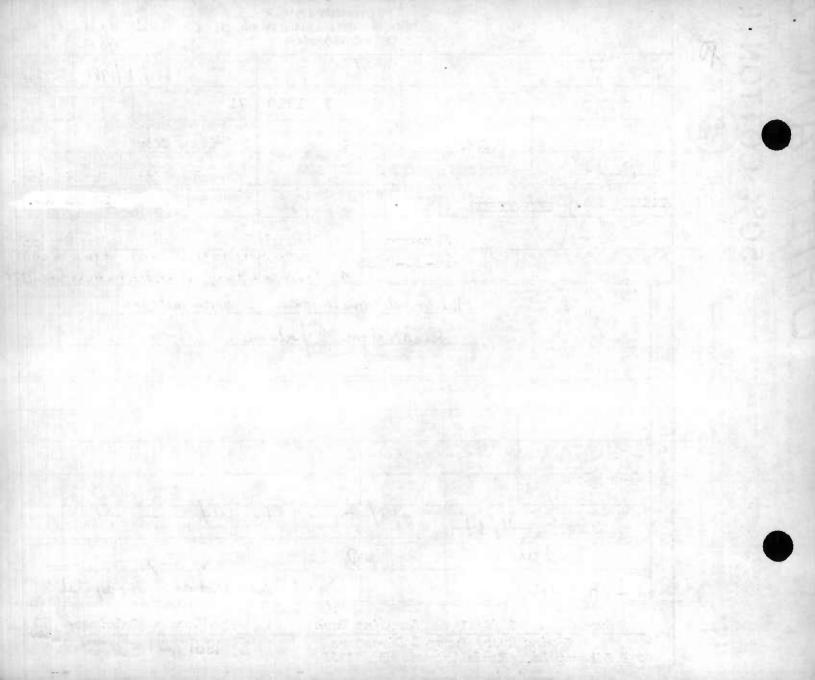
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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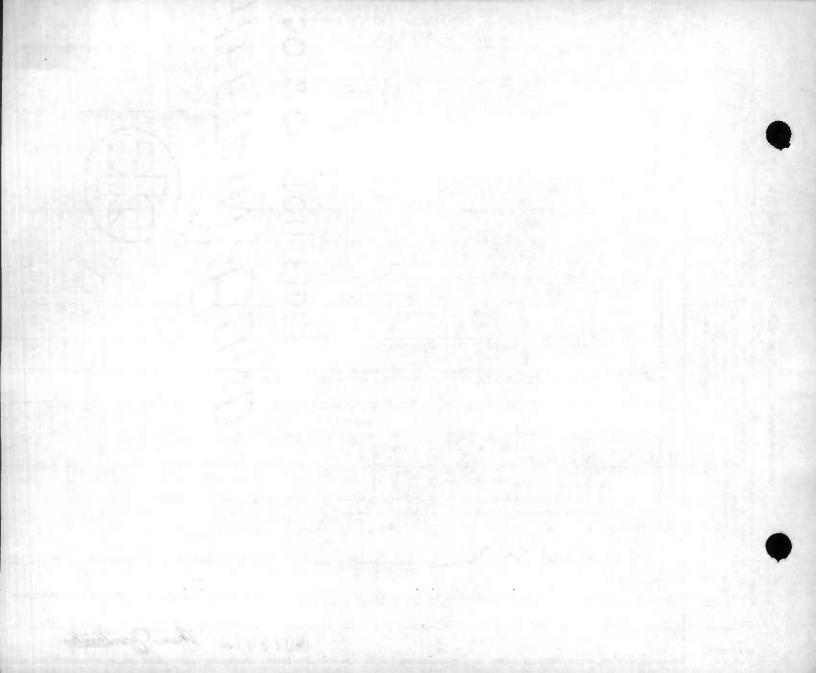




DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR REG. NO MIDDLE L DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-**JOSEPH** WEBSTER DEATH MATED 81 19 4. RACE 3. SEX 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR DAY YEAR LAST BIRTHDAY :02 PRONOUNCED 9 13 23 58 YRS 10 81 male DEAD nearo ам Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MD DIVORCED Baltimore City S1, 2, AND 3 TO THE FI PM 3. RETAIN PAGE 5 ND 2 SHOULD BE FILED, VITAL RECORDS, 201 W 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 3429 Liberty Heights Ave. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3429 Liberty Heights Ave. 130. STATE 134: INSIDE CITY LIMITS? Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, WITH FORM PM.

T. PAGES 1 AND 2

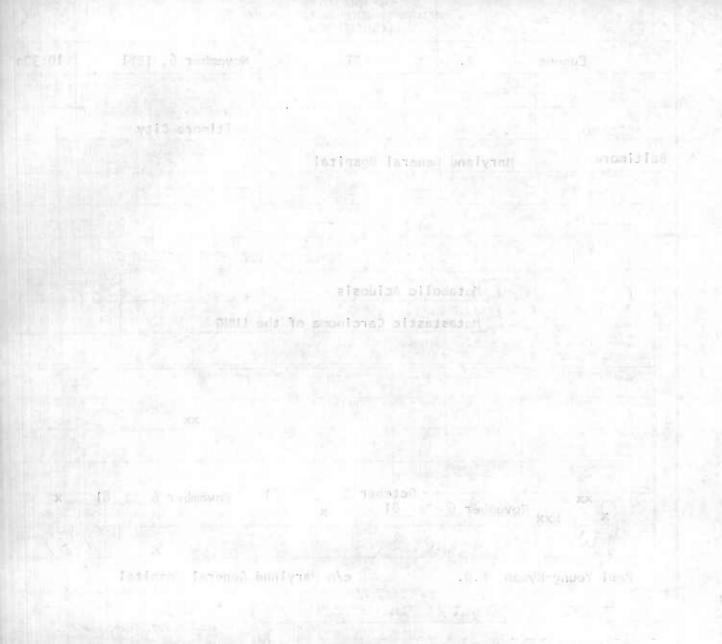
DIVISION OF VITA E. MIDDLE Southers Oscar Webster Janie 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. YES NO OR UNKNOWN) 215-14-9315 Ernestine Graham 3429 Liberty Hgts. ical examiner along with a burial - transit permit. P. H and Mental Hygiene, div mation, or removal. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Metastatic carcinoma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL - HEALTH AND MENAL, CREMATION, C lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AL. TO MEDICAL EXAMINER: THIS CERTIFICATE STATES CECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHITOPERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIL YES 🗌 NO K 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted from Natural causes Homicide TITLE (SPECIFY) ACTUAL Assistant 11 - 29 - 81SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St. M.D. Ann M./Dixon. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION CITY OR TOWN 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 12/4/81 Md. Veteran Cem REC'D. BY REGISTRATION REGIST MD 24 FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. (VR A15 ME (5) C. March F/H 15M 2/80



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4 may be

William C. March F/H 1101 E. North Avenue

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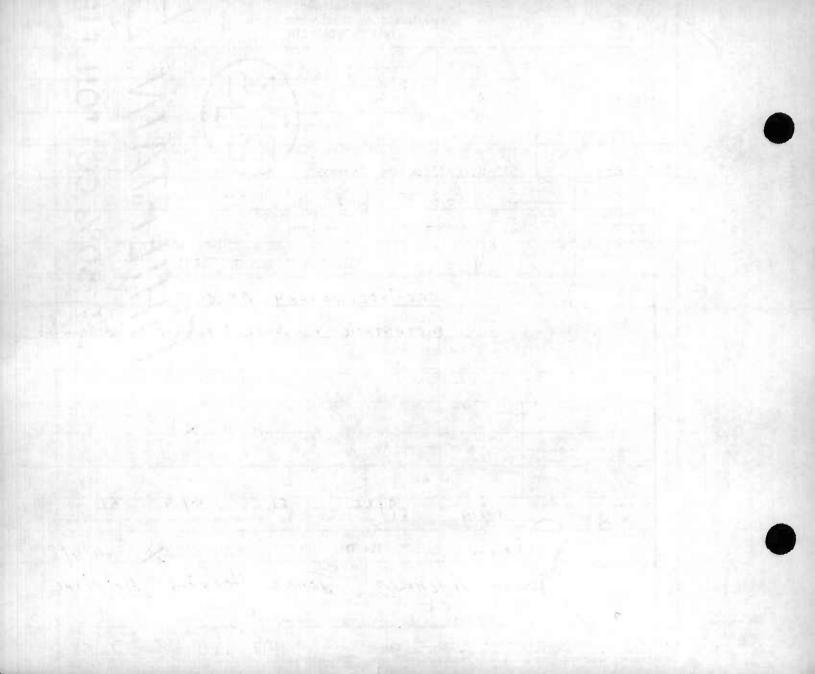
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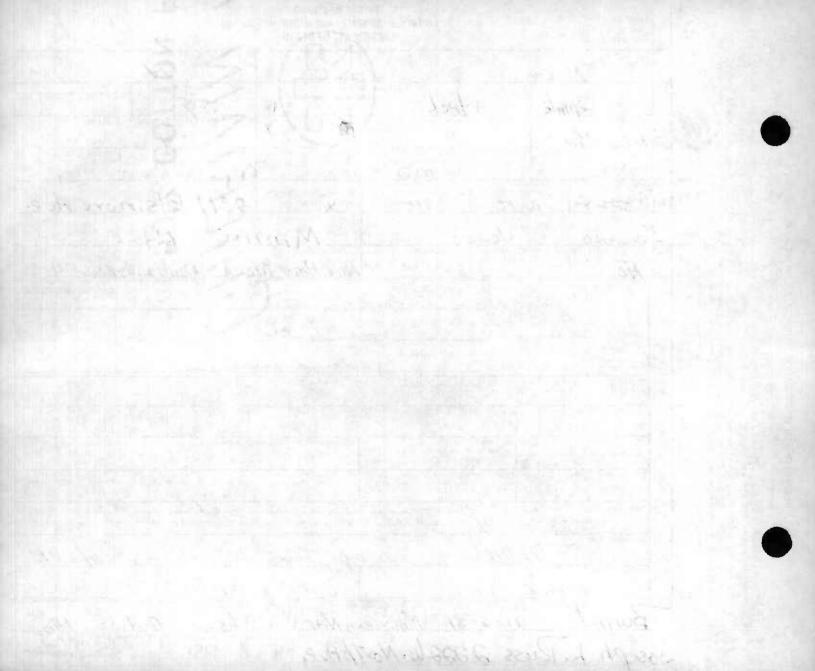
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IMPORTANT: If Item 21 is morked or Item

DHMH - 16 50M 1/B1 (VRA 15, 4)

					STAT	E OF MARYLAND				and a
1.	FOR STATE			Di	EPARTMENT OF I	HEALTH AND MENTAL HY	GIENE 3		291	14
	REGISTRAR				CERTII	FICATE OF DEATH		REG. NO.		
	CEASED NAME	FIRST		AIDDLE		LAST	2a DATE C	OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	ladys	MA	F	(Wi-	th) West	-	11	F 01	
3 SE			4 RACE			OF BIRTH	6 AGE UN	YEARS LAST BIRTHDAY)	5 81	IF UNDER 24 HRS
0 02.	female		black		MONT:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	63 YR	MONTHS DATS	HOURS MIN.
	RTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COL	JNTRY? 8		9 BALTIM	ORE CITY OR COU		
(BALTO		US	7	WIDOW	ED NEVER MARRIED				
10 CI	ITY OR TOWN OF DEA	ATH				OR OTHER INSTITUTION		more city		DF BUSINESS OR
_		700	(IF NOT IN SUC	H FACILITY, GI	VE STREET ADDRESS)			ORK FOR MOST OF WORKIN		
Ba	Itimore AL RESIDENCE (IF NURS	ING HOME OR	512 N	. COL	lington	Avenue				
13a. S	Md	13b COUN			Linore	13d. INSIDE CITY LIMITS?	13e. STREET 852		AVENUE	
14. FA	THER'S NAME					15 MOTHER'S MAIDEN N	AME	A CONTRACTOR	_	
	CALVIN		AIDDLE	HUTC	HINSON	MYRTLE		WIDDLE	BOYK	Ň
16a V	VAS DECEASED EVER	IN U.S. ARA	AED FORCES?	16b SOCI	AL SECURITY NO	17 INFORMANT		ADDRESS		
C	YES, NO CONKNOWN)	(IF YES, GIVE	WAR OR DATES)	N/Z	Δ	MR. JOSEPH	POVKTN	1831 F	29th ST.	
						TITO CODE	DOTICIL	1031 11.		
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter onl /AS CAUSEI	y ane couse per DBY:		1		1		BETWEEN	ONSET AND DEATH
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	1507		DUE TO, OF	RASACO	NSEQUENCE OF				7 140	Sp
	Conditions, if ony,		((b)	,	METHST	HTIC esoph	ageal	cancer	dia	mosis
14	gave rise to imn couse (a, statin	ig the	DUE TO, OF	R AS A COI	NSEQUENCE OF		9			1
	underlying cause	last	((c)							
	PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	NTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDITION	GIVEN IN PART 1	a ·
O										
CERTIFICATION	190 DATE OF OPERAT	TION	196 CONDI	TION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUT		YES, WERE FINDI	
IFIC							VEC C	NO IN CEI	RTIFYING CAUSES	OF DEATH?
ERT	210. ACCIDENT WAS UND	DERLYING [21b. TIME O	FINILIRY		21c. HOW INJURY OCCU	PPED (FAUTERA			NO []
	OR CONTRIBUTING				TH DAY YEAR	11.11011 11.11011 0000	KKED TENIERO	TATURE OF INJURY IN TIEM	18 PART I OR PART 2)	
2	(IF EITHER NOTIFY MEDIC			-	19					
MEDICAL	21d. INJURY OCCURE		21e PLACE (OFFICE, FARM ETC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	AT WORK NOT WH	RK L		70.5						
	220.1 certify that (1)		10/	10		27 19 8	, ta	10/19		that (I) (we) lost
	saw the decease abave, (Twe) (c	ed alive on	view the hody	otter death	_19_ & , a	nd that in (my) (aur) apinio	n death occuri	red on the dote and	haur and from the	couses stated
	226. SIGNATURE		Λ	The deal		DEGREE			22c. DATE	SIGNED
		10	iller		n	ATTENDING PHYSICIAN	MEDICAL	STAFF	11/	6/81
11	22d. PHYSICIAN'S NA	AMP (TYPE OF	PRINT)			22e ADDRESS	DIRECTO	FITTSICIAIT	11/	401
4.7		T	~ + n11	N.	EHRN	JAHANE	1/2	2 11 inc	Macoi	-41
0.0	1	0	SCIH	17 11		JUHN>	100	1 1/1/3	120>11	INC
	BURIAL, CREMATION,	REMOVAL	23b. DATE		Z3C. NAME OF C	EMETERY OR CREMATORY	23d LOC	TATION TY OR TOWN	COUNTY	STATE
	Buria	1	11/11	/81	MT CA	IVARY CEMETE		N BURNIE		MD.
24 FL	JNERAL DIRECTOR					25a. D	ATE REC'D. BY	REGISTRAR 256 REC	GISTRAR'S SIGNA	TURE

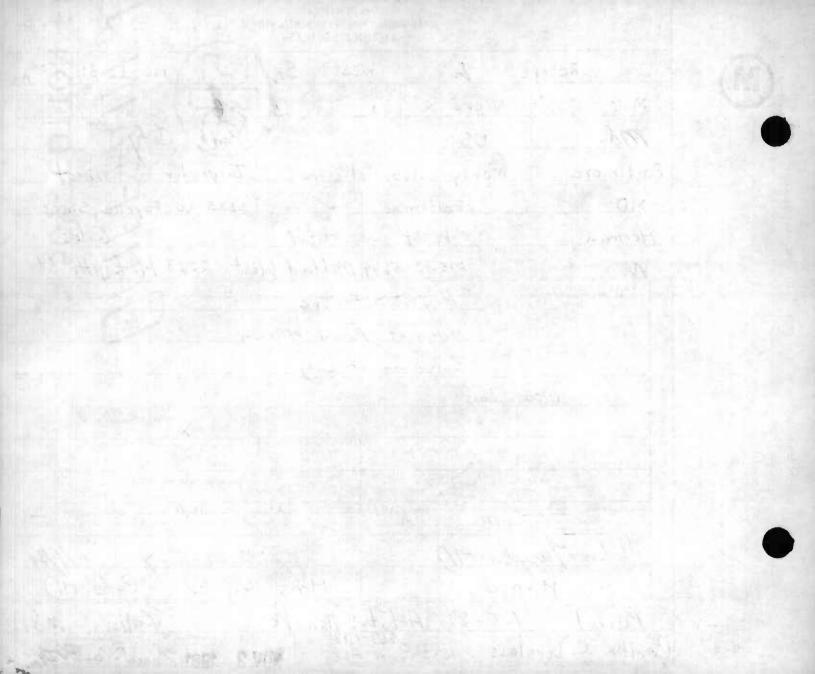




	1 - FOR STATE REGISTRAR		DEP/	ARTMENT OF HEA CERTIFIC	ATE OF DEAT		REG. NO.	2 9	175
1313	1. DECEASED NAME (TYPE OR PRINT)	Robert	L.	We	st S	20 DAT	E OF DEATH MON	1 0	- 1100K
	3 SEX Male		Negro	5. DATE OF	DAY YE	6. AGE	(IN EARS LAST BIRTHDA		YEAR IF UNDER 24 HRS AYS HOURS MIN.
33	o BIRTHPLACE (S	FATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	MARRIED WIDOWED	NEVER MARRIE	ED Y	imore city or co	FY OF DEATH	H
	Baltime	re	(IF NOT IN SUCH FACILITY, GIVE S	tospital	Jnc		JAL OCCUPATION WORK FOR MOST OF WO SPECTOR	RKING LIFE) INDUS	ND OF BUSINESS OF TRY NEG+
35	MD	(IF NURSING HOME OR OT		more	38 INSIDE CITY LIA YES NO [22	EET ADDRESS 23 W. F	ayette.	Street
\$00 \$00	14. FATHER'S NAME FIRST	n	DOLE WE	st	Hazel	DEN NAME	MIDDLE	G	iles
medical	(YES NO OR UNKNO	EVER IN U.S. ARME		2-5649	mildred	West	2223	W. Fage	the St.
or other troumotic event,	Conditions, gove rise cause (a), underlying	f ony, which o immediate stating the couse lost	DUE TO, OR AS A CONSE (b) Mais DUE TO, OR AS A CONSE (c) CARCI	equence of prome of	f Lunj	Pision			PROXIMATÉ INTERVAL L'EN ONSET AND DE ATH
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ANT.	bh	M Mary	relis MD		GREE ATTEND PHYSIC		OR PHYSICIAN	22c. D.	11/1/SI
MPORT	Jo	hin Min	neous		Merc	y Hosp	octal	Palls	,40
	230 BURIAL CREMA	TION REMOVAL	1-5-81	Arbutu.	S Mem	70RY 230 LC	OCATION CITY OR TOWN	Ballounia	mo

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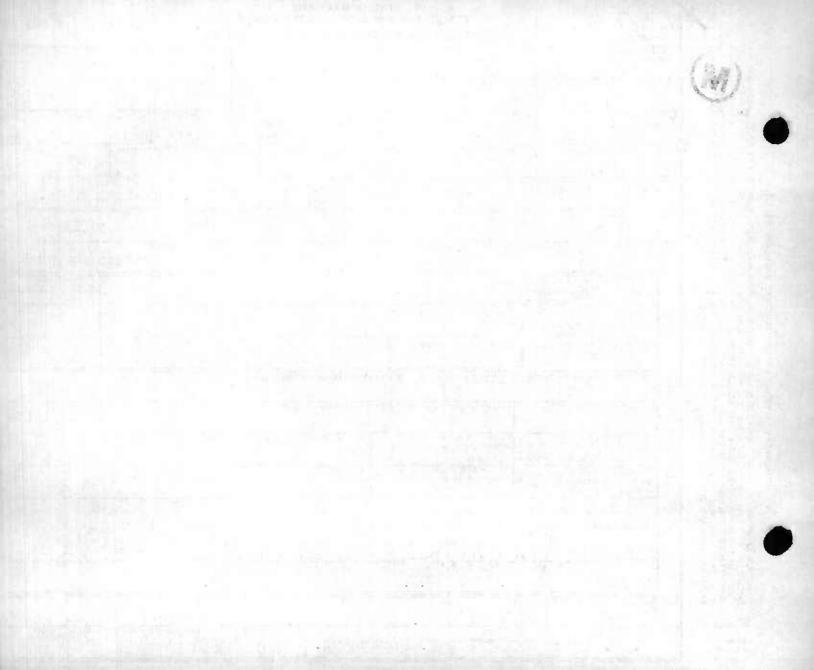
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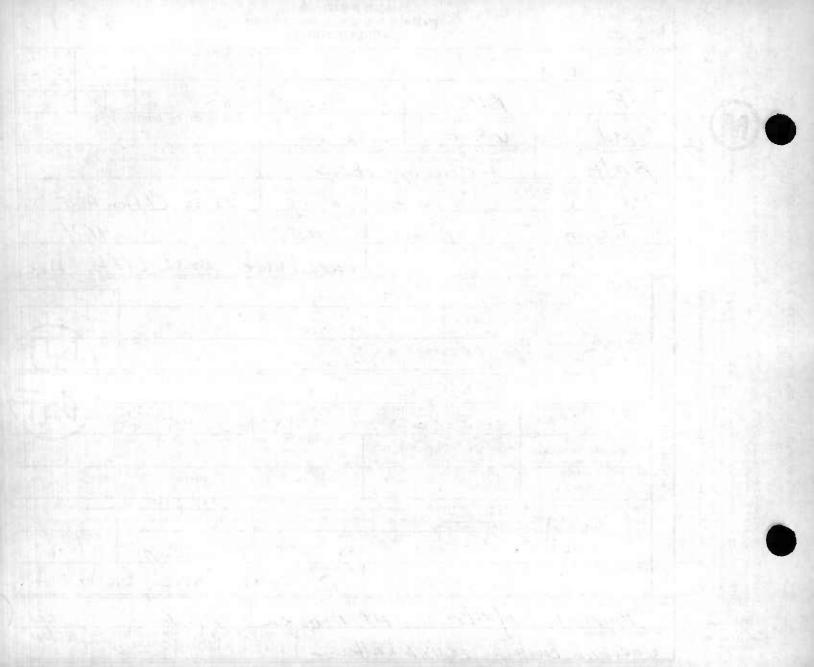
	STATE OF MARYLAND	
1 1/	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 2 9 1 7	1
11	REG. NO. I. DECEASED NAME FIRST / MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUF	
o man	(TYPE OR PRINT)	5
oge deo		PM
frer p	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER I MONTHS LOAYS HOURS I	4 HRS
ge ecto	MONTH 30 95 85 YRS MONTHS DAYS HOURS	101111-0.
Pod in Pod	To BIRTHPLACE (STATE OR FOREIGN TO COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
Seath eath	Maryland USM WIDOWER DIVORCED OF CITY	MD.
o de la composición della comp	10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINES	
38	1 (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
22	USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	130 STATE MD BALT BATL 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Whay fave the	
LAN Short	4 FATHER'S NAME IS MOTHER'S MADE NAME	
Will will do	ALMOST THE STATE OF THE STATE O	
X D W S	Charles Tones Certisde MODIE FORD	
MORE execute of execute of execute of the execute o	(6) WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS 1160	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and campletely filled in so the buriol-transit permit. Then please remove carbonappers. Pages 1 and 2 should perful th and Mental Hygiene prior to buriol, cremotion, or removal.	216-14-7938 Cora E. Johnson Longwood St.	
Sicio Sicio pper odi.	18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and Ic. PARTIL DEATH WAS CAUSED BY:	AL
phy phy and a veni	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Order arrest	
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STO Hence on, o	Conditions, if only, which (b) Conversal Spine injury	
PRE die di monti	gove rise to immediate	
W. the server of the street of	couse 101, stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF	
s the sed be obleo	(c)	
ps, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
OR reen	198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)	
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HYS HYS Adin or h	21d INJURY OCCURRED 21e. PLACE OF INJURY 21l LOCATION 21l LOCATION 31REE CITY OR TOWN COUNTY ST.	ATE
VIS one one one	WHILE NOT WHILE AT WORK AT WORK (AT HOME STREET FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST.	AIE
DINO or	27a.1 certify that (I) (this haspital) attended the deceased from 10/19 19 8/ 10 -11/8 19 19 10 (I) (this haspital) attended the deceased from 10/19 19 19 10 -11/8 19 19 19 19 19 19 19 19 19 19 19 19 19	a) last
A H C S S H C S S S S S S S S S S S S S S	sow the deceased glive on /// 8 19 and that in (my) (num	
R AT hosp like CI like Hed it lend it	above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE	
0 0 0 0 =	ATTENDING MEDICAL STAFF	1
PITAL by th by th ERAL e dete State	PHYSICIAN DIRECTOR PHYSICIAN M	/
FUNERAL State ORTANT:	22d PHYSICIAN'S NAME (A PRINT) 22e ADDRESS	
TO HOSPITAL retained by 1 TO FUNERAL should be de: with the State	MARK CAROL UMD Hospital	
Z = ± 4 3 ₹	230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	. 15
0/ BP	Burial 11-13-81 Baltimore Cem. Balto. Md.	ATE N
DHMH - 16 50M 1/81	24 FUNERAL DIRECTOR 250 MILITED BY REGISTRARY SUSTRARY SU	-
(VRA 15, 4)	CHAC A DICE ECDA 1200 Protess	

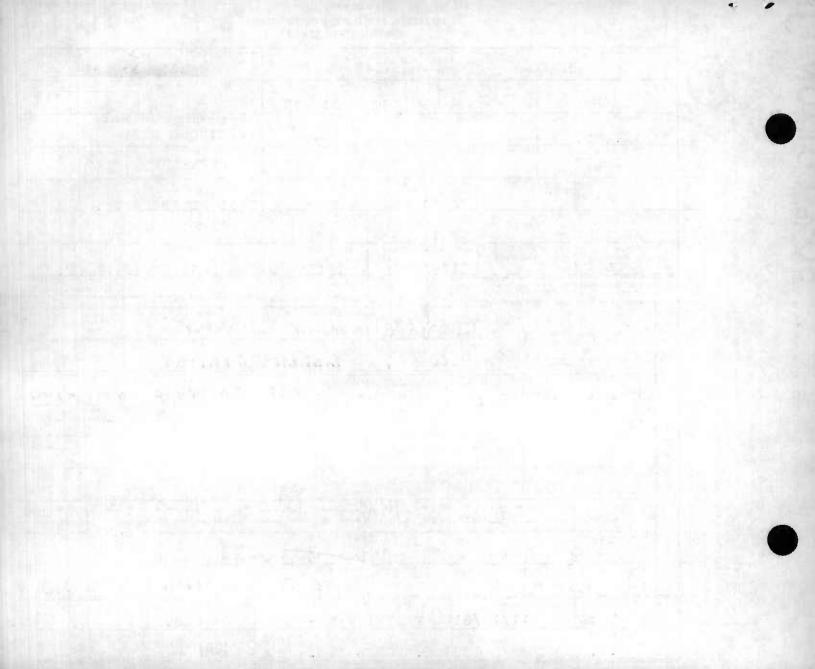
. of weather the state of the s . It wash out all sales Holks . A . de Ca

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN KT (TYPE OR PRINT) ESTI-81 ALBERT DEATH MATED D. WHITE 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE VEAR MONTH LAST BIRTHDAY) PRONOUNCED 19 81 5 27 54 30 DEAD male negro To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY USA MD DIVORCED Baltimore City GIVE PAGES 1, 2, AND 3 TO THE FITH FORM PM 3. RETAIN PAGE PAGES 1 AND 2 SHOULD BE FILED IVISION OF VITAL RECORDS, 201 V ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE Johns Hopkins Hospital Baltimore WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13.1912 N. Washington St. 13a. STATE Baltimore 13d. INSIDE CITY LIMITS? NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Albert MIDDLE Camille MIDDLE White Thomas 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 217-22-6802 Bertha White 4608 Freedomway West CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURRAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY Intracranial hemorrhage IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? HEAD ONLY TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CREPTIFICATE, WRITING THE WORD "PROFE A SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, FARM FTC CITY OF TOWN WHILE COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Hamicide death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11-28-81 SIGNATURE EXAMINER'S NAME Ann M. Dixon. M.D. 111 Penn St. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Md. Veteran Cem Crownsville 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25%, REGISTRAR LAIGHAT **DHMH-17** C. March F/H ADT 101 E. North Ave. 1981 (VR A15 ME (5) 15M 2/80



			STATE OF MARYLAND	**
1/	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	9 1 / 4
9 P P P P P P P P P P P P P P P P P P P		CEASED NAME FIRST GRALL	MIDDLE White 20. DATE OF DEATH MONTH DAY	8 1 5 A. M
may ter d	3. SE	F	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF U MON BIK 185 YRS.	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.
O(N)BS		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF WIDOWED X DIVORCED 0	
by the filed		BAHO	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Luthceron HOSP (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
AND 21:	13a. :	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 2836 Cliffo	m AVE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician. Where this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove corbanoppers: Pages 1 and 2 should be filled than Amental Hygiene prior to burial, cremation, or removal. orked or tem 18 show ony injury, or other troumotic event, the medical examiner must be not a content of the properties.		Joseph	MIDDLE BOLLEY POLY MIDDLE	Hell
TIMORE, be execu an and c			MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LEWAR OR DATES) HOLD WHILE 2836 C/1	fton Ave
ST., BALT artificate to an papers emoval. event, the		PART I. DE ATH WAS CAUSE	oly one couse per line for (o), (b), and (c).) DBY: TE CAUSE (a) Cardiac Quest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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s that the death ce deby the ottendin alease remove corb rial, cremation, or a		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF Prummia	7days.
w requires been signed mit. Then pli orior to buri	NOL		Conditions contributing to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	
AL RECOR	CERTIFICATION	10 31 81	Lower Gastrointisticial bleeding YES NOD NO YES	
ON OF VITAL IYSICIAN: The ding physicio is certificote buriol-transit Mental Hygie Amental Hygie or Item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DAY YEAR P.M. 19	OR PART 2)
DIVISION OF DING PHYSICIA or ottending p After this certifice as the buriol- olith and Mentol morked or trem	MED	21d. INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
TTEND pital o programme of Heal of Heal of Heal of Heal of Heal		saw the deceased blive an	tol. attended the deceased from 19 21 , and that in (my) (our) opinion death occurred on the date and hour an	that (I) (we) lost different the couses stated
At OR AT y the hosp (At DIRECT) defoched for orde Dept. or ut. If them 5.		77b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	11 10 81
TO HOSPITAL OR A retained by the hos should be detached with the State Dept.		224 PHYSICIAN'S NAME (TYPE O	ARRISUENO 730 ASUBURTOSSI. B	alto. Md.
547BP		BURIAL, CREMATION, REMOVAL	11/21/81 Mt. Auburn Balto	OUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR	250. DATE REC'D, BY REGISTRANTISM, REGISTRANT	ASSIGNATION THE THE





TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 meterories of the hospital or attending physician.
TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely filled in by the funeral director, pay should be detached for use as the burial-transit permit. Then please remove corbonpopers. Poges I and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. With the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MARCH F/H 1101 E. NORTH AVE.

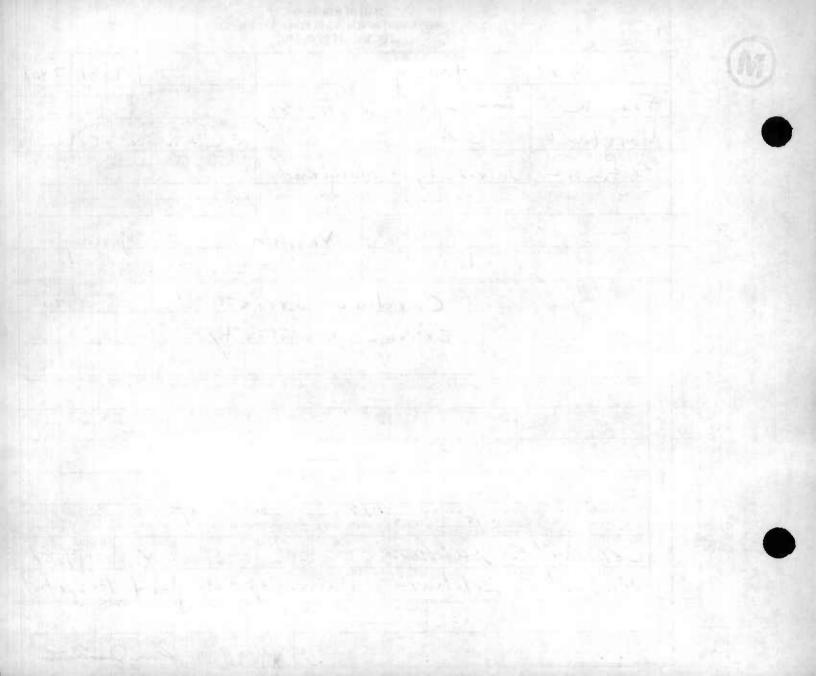
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	9	4	3	

ı	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEA	TH	REG	. NO.				
I		CEASED NAME	FIRST	/	MIDDLE	ı	AST		2a. DATE OF DEATH	HTMOM H	DAY	YEAR	26 HOU	
ı		BABY	JAMILA	A A	ISHA	WH.	ITE			- 11	9	181		OFM
	3. SEX	tenal	e	4 RACE	Negro	5. DATE C		81	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTH	DER 1 YEAR	HOURS	24 HRS MIN. 20
	10	guntry 1	and	76 CITIZEN OF	5 A	MARRIE	DIVOR	CED 🗆	Baltimore cit	Y OR COU	re	Ci	ty	MD.
	6	Balti-	ore	JENOT IN SUC	H FACILITY, GIVE STREE	UF M	lary lan	d	12a USUAL OCCUP (TYPE OF WORK FOR MC			N KIND O	F BUSINE	SS OR
7	13a. S	AL RESIDENCE (1)	Nh COUN	other institution ITY	13c CITY OR TOV	WN	13d. INSIDE CITY L		13° 4605 B.	SOLD I	FREDE	RICK	RD.	
٦	14. FA	THER'S NAME	,	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	E MIDDI	E		LAS	î	- 11
		LEONARI		GEE	WHITE,	JR.		min		D	40	un	9	
		AS DECEASED E		MED FORCES? E WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	17 INFÖRMANT LEONARI	CIHW C		O5 B.	OLD F	REDE	RICK	RD.
		18. CAUSE OF D	EATH (Enter on	y one couse per	line for (a), (b), a	ind (c).1							MATE INTE	
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ı		7650	5	DUE TO, O	R AS A CONSEQU	UENCE OF		-						
ı		Conditions, if		(b)	Extr	eme	prem	alu	vity					
ł		couse (o), s	tating the	DUE TO, O	R AS A CONSEQU	UENCE OF	U		/					
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	NO	PART 2. OTHER:	SIGNIFICANT C	ONDITIONS <u>Co</u>	ontributing to	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR C	ONDITION	GIVENIN	I PART 10	3 *	
7	CERTIFICATION	19a. DATE OF OP	ERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORME	D	204 AUTOPSY?	IN CE	F YES, WEI			TH?
7	CERI	21a. ACCIDENT WA		1100110 1			21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF			OR PART 2)		
		OR CONTRIBUTING	CAUSE OF DEA	110	M. MONTH I	DAY YEAR								
ı	MEDICAL	21d INJURY OCC		21e. PLACE			21f. LOCATION		CITYO	OR TOWN		OUNTY		STATE
Ì	2	AT WORK A	T WORK	(AI HOME, SH	REEL, PACIONI, OFFICE	, PARM, ETC)				,				
				. /	e deceased from		7 , 1	9 51		7			that (1) (
		obove, (I) (w	ceosed olive on ve) (did) (did no		ofter death,		nd that in (my) (our) opinion d	eath occurred on th	e dote ond			-	oted
		22b. SIGNATURE	hnel	to f	abha	rd		NDING SICIAN [STAFF YSICIAN		22c. DATE	9/8	1
		Miel Miel	rae li	Es Lo	bhar	1	220 ADDRESS Unive	rsity	, of Mar	ylan	d 1	1405	pit	2/
1		BURIAL, CREMATI	ON, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION	J	cou	YINTY		STATE
		BURI		11/13	/81 W	ESTVI	W MEM PA		CATONS	VILLE	1		M	
	24. FU	JNERAL DIRECTO			ADDRESS			25a. DATE	REC'D. BY REGISTI	CAR 25h RE	GISTRAR'S	SIGNAT	URE	
		W.C.	MARCH	F/H 11		NORTH	AVE.	MO	1 0 1981	tra	me y	an/	mille	n

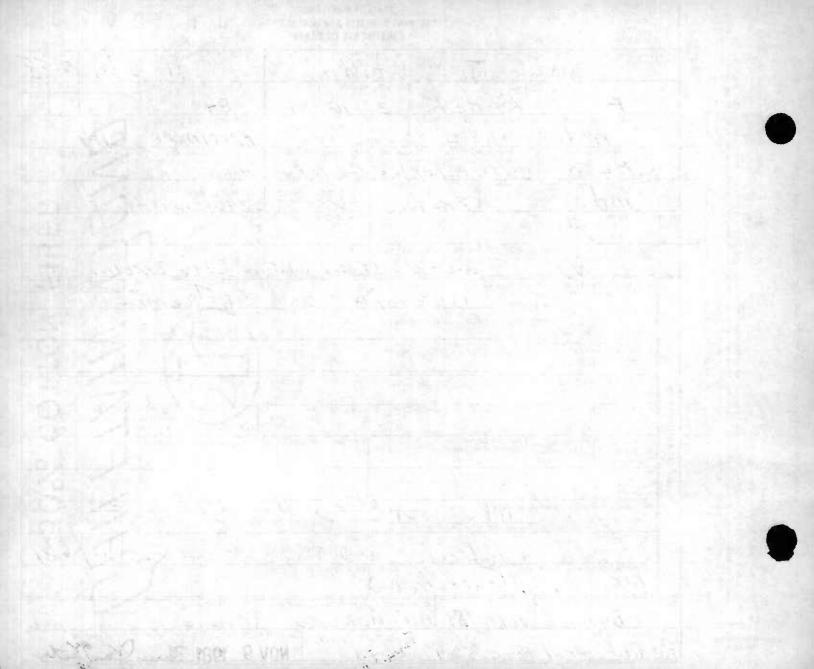
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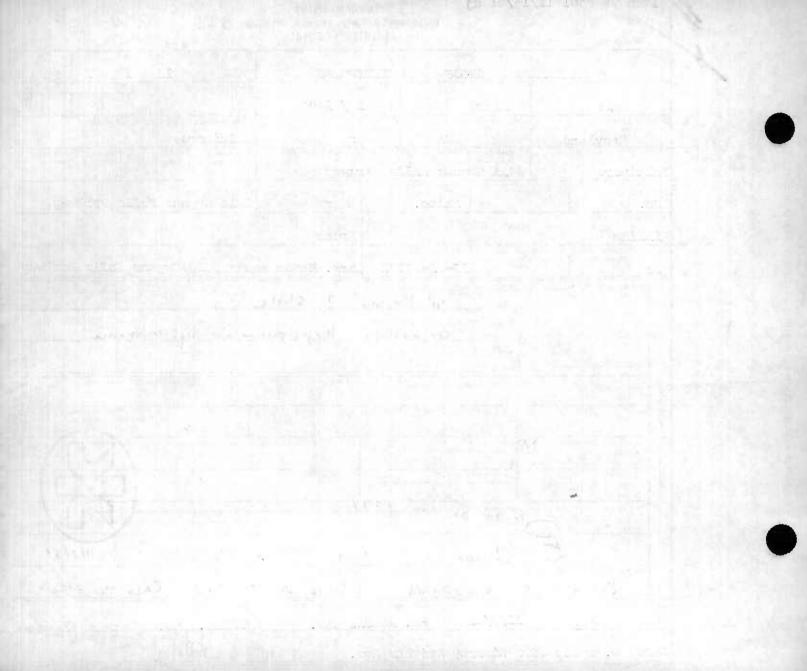


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	1.	FOR - STATE REGISTRAR		HEALTH AND MENTAL HYG IFICATE OF DEATH		2. / 1 0
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY MAR 26 HOUR
poge 3	[TYP]	OR PRINT) MAR	y J. W/	11/18/25	11/	6 /81 5:3A
4 no or	3 SE	×	BLAOK S. DATE		6. AGE TIN YEARS LAST BIRTHDATE STATE OF THE	# Uncles 1 YEAR 0 UNCERTAR HE MONTHS DATE HOURS MIN
Pog .		RTHPLACE (STATE OR FOREIGN 7	76. CITIZEN OF WHAT COUNTRY? 8	IED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
death. Page		ma.	U.S.A. WIDOW	VED DIVORCED	BAKTIMORE	CITY N
by the trilled with	10 C	BALTO.	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH CHARLES	GENERAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
filled in ould be	13a.	AL RESIDENCE (IF YURSING HOME OR'C STATE 13b. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TY 136. CITY OR TOWN	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS	avi et
pletely find 2 sho	14. F.	ATHER'S NAME FIRST M	AIDOLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
E O O	16a \	VAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
rifficate be execut physician and co propers. Pages 1 emoval. event, the medical			WAR OR DATES) 220-30-565	WEDEAR WhIT	NE 2346 BA	Relay ST
equires that the death cert in signed by the attending Then please remove carbon to burial, cremation, or re- injury, or other traumatic e	z	Conditions, if ony, which gove rise to immediate cause (o1, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
aw r	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{YES} \)
HYSICIAN: The liding physicion. is certificate hos buriol-transit per Mental Hygiene or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	R	RED (ENTER NATURE OF INJURY IN ITEM II	
G President	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
T T T S S S S S S S S S S S S S S S S S		22a. certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not)		and that in (my) (aur) apinion	death occurred on the date and h	, 19 , that (i) (we) lo
he has be not be best of the has best of the here.		22b. SIGNATURE	G / / / C	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	THE DATE SIGNED
HOSPII FUNEI Suld be by the Si		22d PHYSICIAN'S NAME (TYPE OR)	PRINT) GALIEIA M	22e ADDRESS	J SINCE ON LAND CONTRACTOR	1 7
De De M	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR SAME CACI FUNERAL	Home 5209 YORK	ro., md. 250. DAT	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE



-		eno	/15/01 g]	STATE OF MARYLAND	9 1 9 6	1 8
.,	V.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
. 8		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOU
		HAMILTO		WHITTINGTON	11 1	81
9 /	2 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UI	NDER I YEAR IF UNDER
-		Male	Black	4 15/ 1900	81 YRS.	DATE HOOKS
VY	7a Bi	RTHPLACE (STATE OR FOREIGN EQUINTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWEDK DIVORCED		DEATH
TX		Itimore	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET 3415 Gwynns Fal.			12b. KIND OF BUSINE INDUSTRY
186	USU	AL RESIDENCE LIF NURSING HOME CO	OR OTHER INSTITUTION GIVE RESIDENCE DEFORE	E ADMISSION) /N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3415 Gwynns Falls	Bankan
3 000	Mo	THER'S NAME		YES X NO 1		Falkway
300		lliam	MIDDLE LAST	Irene	WIDDLE	LAST
1 3 /		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
2 1/	No		213-01-63	20A Mrs. Renee 1	Banks 3415 Gwynns Fa	alls Park
Then please or or to burial, cre rajery, or othe	NON			DEATH BUT NOT RELATED TO THE TER	MINAL DISÉASE OR CONDITION GIVEN I	IN PART I(a
1 1	FICA	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WI	
	E				YES NO YES	G CAUSES OF DEAT
and Hygien	CAL CERTIFICATION	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR		G CAUSES OF DEAT
th and Mental Hygien shed or them 18 show	MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	19 21f LOCATION	YES NO YES TERMINE OF INJURY IN ITEM 18 PART I	G CAUSES OF DEAT
of for use as the burial-transit p. 2. of health and Mental Hygen and 2.1 is marked or their 18 show		OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED AT WORK NOT WHILE AT WORK 11) (this haspen saw the deceased alive of abave, (I) (we) (did (did))	21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY, OFFICE, F pital) attended the deceased from	AY YEAR 19 21f LOCATION STREET , and that in (my) (aur) apiniar	YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	G CAUSES OF DEAT NO COUNTY COUNTY St d from the causes sto
detached for use or the buriel framit is State Dept. of Height and Mental Hygen LMT, if then 2 I is marked or their 18 show		OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 22d. Certify that (I) (this hasp saw the deceased always above, (I) (we) (did ridid not	P.M. 21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY, OFFICE, F at Niew the body after death.	AY YEAR 19 211 LOCATION STREET , and that in (my) (aur) apinial DEGREE ATTENDING PHYSICIAN	YES NO YES TERMED (ENTER NATURE OF INJURY IN ITEM 18 PART I	G CAUSES OF DEAT NO COUNTY S that (I) (v
though be detached for use on the bunds framit print the Sorte Dept. of fracith and Mentol Hygen MPQRTANT, If then 2.1 is marked or their 18 shown	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a I certify that (I) (this hasp saw the deceased give or above, (I) (we) (did/(did n)) 22b. SIGNATURE 22d. PHYSICIAN'S NAME ITYPE PAMES H	21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY, OFFICE, F Dital) attended the deceased fram 19 OR PRINT) K. KRURANA	AY YEAR 19 21f LOCATION STREET , and that in (my) (aur) apinial DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	YES NO YES RRED YES RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I CITY OR TOWN 19 and death accurred on the date and hour and MEDICAL STAFF DIRECTOR PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY S COUNTY S A that (1) (v d fram the causes sta 22c. DATE SIGNED 11/2/8/
a detactived for use on the barriol to State Dept. of Health and Mentol I ANT, If then 21 is marked or their to	MEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (this hasp saw the deceased always above, (I) (we) (did fidid not	P.M. 21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY, OFFICE, F Dital) attended the deceased fram 10.29.29 at Diew the body after death. CR PRINT) K. KHURANA L. 23b. DATE 23c. N	AY YEAR 19 211 LOCATION STREET 1977	YES NO YES TERMED (ENTER NATURE OF INJURY IN ITEM 18 PART I CITY OR TOWN 1 death accurred on the date and hour and MEDICAL STAFF DIRECTOR PHYSICIAN 1	COUNTY ST 22c. DATE SIGNED
a detached for use on the bandists Sorte Dept. of Health and Mentol I ANT, If then 21 a marked or their th	MEDICAL 1	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (this hasp saw the deceased always above, (I) (we) (did fidid not	P.M. 21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY, OFFICE, F Dital) attended the deceased fram 10.29.29 at Diew the body after death. CR PRINT) K. KHURANA L. 23b. DATE 23c. N	AY YEAR 19 211 LOCATION STREET 1977	YES NO YES TERMED (ENTER NATURE OF INJURY IN ITEM 18 PART I CITY OR TOWN 1 death accurred on the date and hour and MEDICAL STAFF DIRECTOR PHYSICIAN 1	G CAUSES OF DEAT NO COUNTY S When the causes steel COUNTY S COUNTY S



	STATE OF MARYLAND
1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH
	REG. NO.
	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR SPECIAL LAST LAWRENCE E WHITTING TON 1/4 8/ 5/5
90	YPE OF PRINT) LAWRENCE E WHITTING TON 11 4 81 5 200 SEX 14, RACE 15, DATE OF BIRTH 16 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HAS.
3,	MALE NA MONTH DAY YEAR MONTHS DAYS HOURS MIN.
78.	RIRTHPLACE LISTATE OF COUNTY OF WHAT COUNTRY? 8
35/	MARRIED NEVER MARRIED BALTIMORE CITY MIDOWED DIVORCED BALTIMORE CITY MIDOWED
110	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (174) OF MOSPITAL SURSINESS O
0 4	ALTIMORE ST. NGIVES HOSPITAL DISABLED U.S. GOV
2 (13	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN 13. LITY OR TOWN 14. LITY OR TOWN 15. LITY OR TOWN 16. LITY OR TOWN 17. LITY OR TOWN 17. LITY OR TOWN 18. LITY OR TOWN 18. LITY OR TOWN 19. LITY OR TO
14	MD. PRINCE GEO. DISTRICTS HTGS YES NO W 6918 FOSTER ST.
603	FIRST MIDDLE LAST FIRST MIDDLE CAST
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
2 160	YES OF DINKNOWN (IF YES GIVE WAR OF DATES) 219-18-10 40 REGINAWALKER 707 PEGGY STEWART CT
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) #5 CU 0
0110	429 9 DUE TO OBED CONSEQUENCE AS
3	Conditions, if any, which (16) Level 2 ed oduque anterioscleus Xears
	gove rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF
	(c)
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
2 CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
A H	YES NO YES NO YES NO
3 8	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTION 2 CAUSE OF REAL HOUR A.M. MONTH DAY YEAR
1 8	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
1	WHILE NOT WHILE AT WORK
-	22a. I certify that (4) (this hospital) attended the deceased from
	sow the deceased alive an above [II.(we) (did) (#3) and were the body offer death, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. [II.(we) (did) (#3) and were the body offer death,
	DEGREE ATTENDING MEDICAL STAFF
ž	PHYSICIAN DIRECTOR PHYSICIAN
MPORTAN	224 ADDRESS
Z Z	
234	BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE NEW CATHEDRAL CEMETERY BALTIMORE MD.
	SURIAL 11-7-8/ NEW CATHEDRAL CEMETERY BALTIMORE MD.
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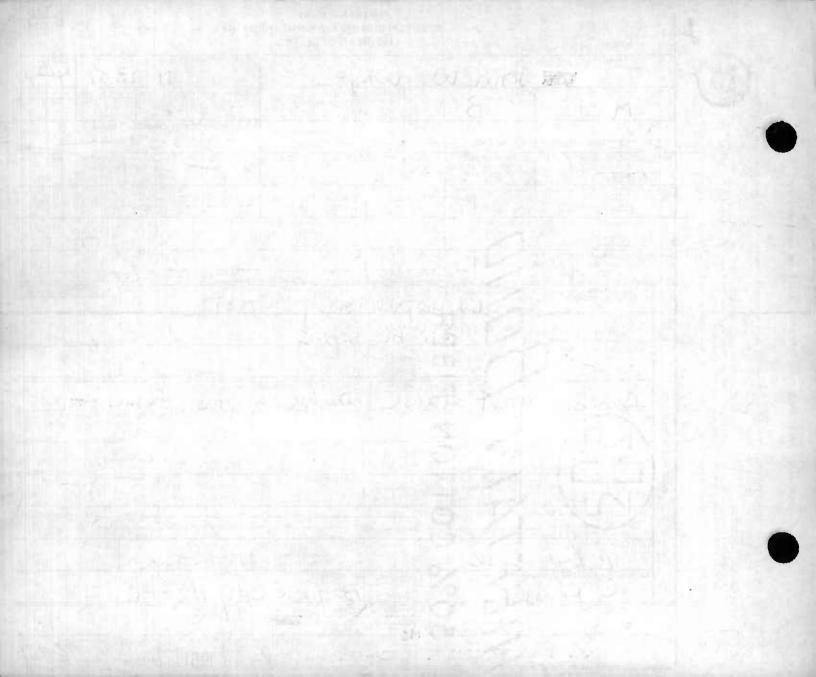
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

П	REGISTRAR			CERTII	ICATE OF I	DEATH	REG.	NO		
	DECEASED NAME FIRST	(-1	MIDDLE		LAST		2a. DATE OF DEATH		DAY YEAR	2b HOUR
L		JOHN	W.	W	146			-11	1301	410 PM
3.	SEX	4 RACE	7	5. DATE (YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAY	
	MALE	1	LACK	2	1	10	71	YRS		5 HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	X NEVER	MARRIED -	9. BALTIMORE CITY			
E	BALTIMORE	US	A	MARRIE		NORCED	BALTIMOR	RE CIT	Y	MD.
10.	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME		_	12a USUAL OCCUPA	ATION	12b. KIND	OF BUSINESS OR
E	BALTIMORE		O. CITY F				(TYPE OF WORK FOR MOS	T OF WORKING	(IFE) INDUSTR	Υ
사	O STATE 136 COL									
	MD.	INIT	BALTIMOF		13d INSIDE C	NO []	3109 LEET		Ε.	
14.	FATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME MIDDLE			LAST
1	JOHN		WHYE		BES					ROMWELL
160	(YES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMA	ANT	ADD	RESS	114	
	NO	TE TEAR ON DATES	216-16-1	1446	BETTY	DAVIS	527 BEAUM	VA TYC		1812 86
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only one cause per	ine for (0), (b), on	d (c1)	9 J. N.		-4-		BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
		ATE CAUSE (0)	2010107	Dull	nonav	y a	mest			
1	0.389	DUE TO, O	R AS A CONSEQUE	NCE OF				7,6-13		
	Conditions, if ony, which	(b)_	1-6581	ble	SEDS	25				
	gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	1					
	underlying couse lost.	(c)_								
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DIŞEASE OR CO	NDITION G	IVEN IN PART	1(0)
CERTIFICATION	Ischemic	Leaut	· disea	20	Diat	xtes 7	hellotis.	de	inerit	10
18	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF Y	ES, WERE FIND	
1 2	J. N E. L						YES NO		YES [NO [
4	00.000.000.000.00	21b. TIME C	DE INJURY M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18	B PART T OR PART 2)	
3	OR CONTRIBUTING CAUSE OF DE		M.	19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	A DAM ETC 1	211. LOCATIO		CITY OR	IOWN	COUNTY	STATE
~	AT WORK NOT WHILE	(The trome, st	CELL, CACIONI, OTTICE, F	ARM, ETC.)						
1	220.1 certify that (I) (this hosp					, 19	, to		. 19	, that (I) (we) last
	sow the deceased alive a above, (I) (we) (did) (did n	n	ofter death.	. 01	nd that in (my)	(our) opinion (death occurred on the	dote and ha	our and from th	e couses stated
	22b. SIGNATURE				DEGREE	Telegraph V			22c. DAT	E SIGNED
	Chai	De M	5			ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	X TOTAL	
1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES	S			Λ	
	C. Kra	USE			Batt	more (Coty Ho	Sporte	0	
230	BURIAL, CREMATION, REMOVA	L 23b. DATE			EMETERY OR		23d. LOCATION	NAT.		NE
	BURTAL	11/18/			HAPEL U	DNTTED	MONKTO	N/N	COUNTY	MD ATE
24	FLINERAL DIRECTOR		- 19	F 111	TIONOT	25a DAT	E DEC'D BY DECISTO	DISCL DECL	CTD A DIC CLOAL	- Perfect -

DHMH - 16 50M 1/81 (VRA 15, 4)

NAME W.C. MARCH FIH 1101 E. NORTH AVE. NOV 17 1981 Tances



(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE refrige os a mais el El alaman di engle el estado - RELONDER PRINTER THE THE PARTY OF T STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

130. STREET ADDRESS 528 N. "F" st. Hourela Mrs. Barbara Kaminsky Towson, Maryland 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE . and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Buria1 Parkville Baltimore, Md. Dec.1, 1981 Parkwood Cemetery 24 FUNERAL DIRECTOR 1050 York Road BY REGISTRAR 256, REGISTRA Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER I YEAR

INDUSTRY

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Part Parties				
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Mark the Sales and the	Weta 1/2	T.M	Someth	A Service Comment
.My, collife silly sy.M.			Dec.1, 1940	- Jurial
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I. DEC	EASED NAME	FIRST	TUONN	MIDDLE .	LA	ST		DATE KNOW		DAY 25-81	YEAR	26 HOU
3. SEX	male	RACE Black	S. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA	AY) MONTHS		R 24 HRS. 2c.	ONOUNCED	монтн	DAY	YEAR	2d HOL 2:00
7a. BIR	THPLACE (STATE		April 25 76. CITIZEN OF WE	,1956 25 YR	8. MARRIED	NEVER MARE	KIED (C)	BALTIMORE CI	TY OR COU		19	2.00
10. CIT	laryland Yorlowno Baltimo	F DEATH	USA 11. NAME OF HOS (IF NOT IN SUCH FA Central	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS! Police Stat	WIDOWER OR OTHER TION		12a. USUAL	Baltimor OCCUPATION TOF WORKING LIFE Mproyed	(TYPE OF WORK	12b. KIN	ID OF BUS	
USUAL 13a. ST	RESIDENCE (IF		ROTHER INSTITUTION, GI	re residence before admission 13c. CITY OR TOWN Balto.	ON)	BE INSIDE CITY LIMITS?	13e STREET	ADDRESS	109 N.	Monr	roe S	t.
P		mown	MIDDLE	LAST	1	5. MOTHER'S MAID	en NAME lie	MIDDLE	7.7	ilkes	AST S	
(YES	S, NO, OR UNKNOW	EVER IN U.S. ARM N)	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY		ONFORMANT BOMI L. M	oore	1109 N.		e St.		
	gave rise	, if any, which ta immediate	DUE TO, OR	AS A CONSEQUENCE C	OF							
	lying cause		(c)	AS A CONSEQUENCE O		R CONDITION GIVEN IN P	ART 1+a1.					
	lying cause	Elast.	(c)ONTRIBUTING TO DEATH		INAL DISEASE O		ART 1 (a).				UTOPSY?	NO []
CERTIFICATION	lying cause PARI 2 OTHER SIGN 19a. DATE OF O 21a. EXTERNAL	PERATION CAUSE WAS	ONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERMINION FOR WHICH OPERA	ATION WAS		ED LENTER NATI		M 18 PART I OR I	YI	UTOPSY?	NO []
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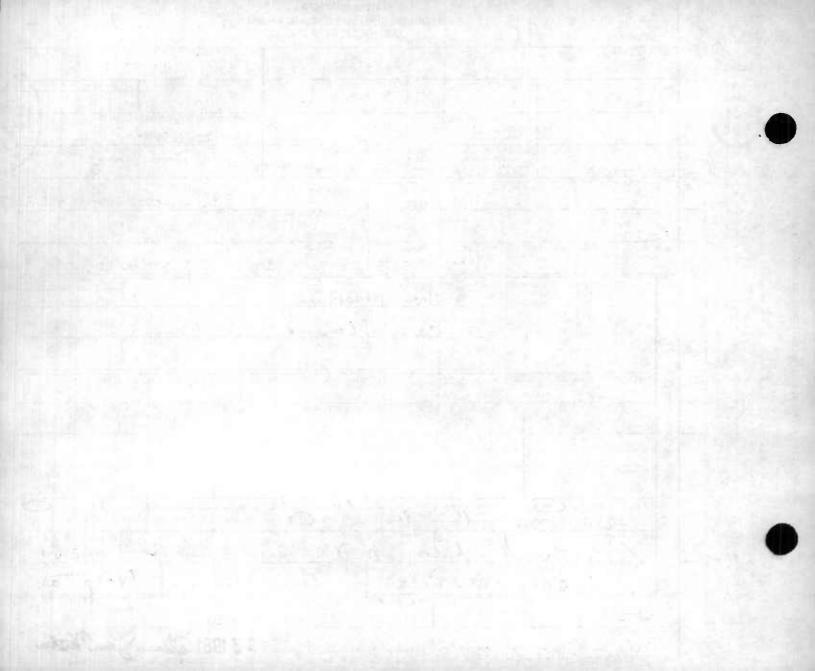
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	E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N TE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FU RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 THE ACCES SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITALRECORDS, 201 W 3, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFI	CANT CONDITIONS CO		OUT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN IN	PART Tigil		-			
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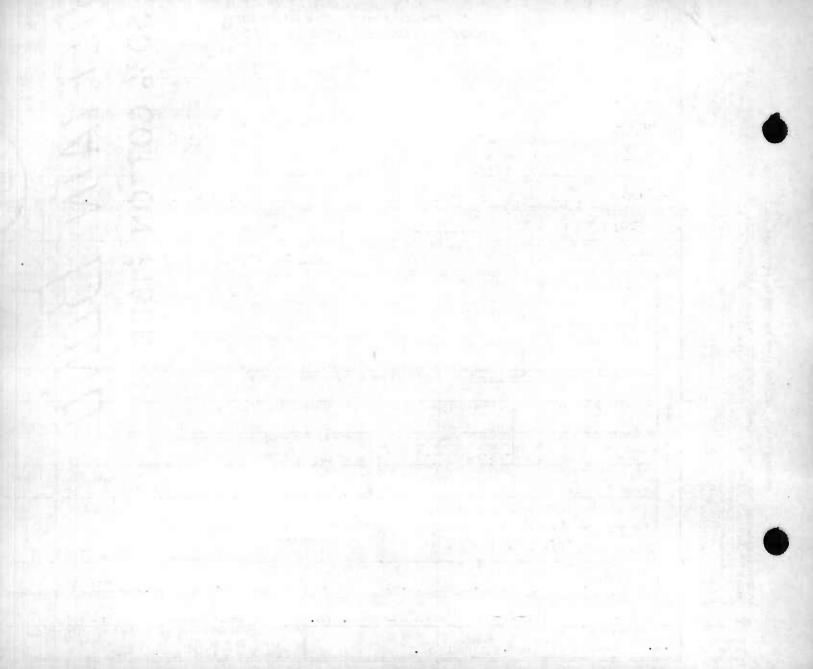
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	â	3. SEX		1. RACE		5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	ge 4	1	MALE	WHITE		SEP	17, 1910	71	YRS.	H3 DATS	HOURS MIN.
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	s ofter dec		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
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MORE, MARYLAND 21201	Pages 1	16a. ₩ {Y	AS DECEASED EVER IN U.S. AL	RMED FORCES?	166. SOCIAL SECU 577-07-5		DOROTHY G. WI	ADDRI [LLIAMS 1610		ICK R	D.
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30 ×	ed by the olease rem rial, crema or ather tr		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c)		NCE OF	nyelocyte / ee	Kemia	DITION GIVEN	Dy S	-180-1×
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AL RECO	te hos been sit permit.	CERTIFICATION	90. DATE OF OPERATION		ITION FOR WHICH	OPERATIC	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	OF DEATH?
OF VIII	Z S S S S S S S S S S S S S S S S S S S		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
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100	spital or spital or CTOR: After the of Health		220 I certify that (I) this hosp sow the deceased alive of above, (I) (we) (did) (did n		1	- 4	nd that in (m) (aur) apinion	death occurred on the d	, 19 ate and have and		that (i) (we) last causes stated
	AL OR A'y the hosp AL DIREC defacthed of ofe Dept.		226. SIGNATURE DAY MU	Ume		MP	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN	22c. DATE S	SIGNED
	TO HOSPITAL (retained by the TO FUNERAL Is should be detained with the Store I IMPORTANT: IF		22d PHYSICIAN'S NAME (TYPE		e mi)	220. ADDRESS Union M	removied Hou	rpited	rol E Yarku	i university
	\(\rangle \) \(\r		URIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF	EMETERY OR CREMATORY	23d. LOCATION		UNTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 24 DATE KNOWNXX MONTH LTIPE CR PRINTS Justine ESTI-Williams 19 DEATH MATED 10 81 S. DATE OF BIRTH 1. SFX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR 25 VDE 19 81 PRONOUNCED 1:30 female black DEAD TE BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED XX MARYLAND US DIVORCED City KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Sinai Hospita OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 STREET & DRUID HILL AVE. 13h COUNTY 13d DISIDE CITY LIMITS? MARYIAND BALTIMORE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE DEVOID **IDSEPHINE** LAST WILLIAMS BOYD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO UNKNOWN) ROSETTA GORDAN 4207 PARK HEIGHTS AVE. B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of abdomen Weapon: Unspecified IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO F 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 10.24M. PM 11/189 81 subject shot 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE STATE home 1003 ThorndaleAVe. BaltimoreCity 22a I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Homicid X K_ Undetermined manner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL D AFTER DEATH. BALTIMORE, M ACTUAL Assistant DATE 11/19/81 SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111PennStreet Balto . MD 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAI 11-23-81 ARBUTUS MEM. PK. BALTIMORE MARYLAND 256 REGISTRAR'S SIGNA 24 FUNERAL DIRECTOR E. L. PHILLIPS **DHMH-17** 1721 N. MONROE ST. 198 LINCOO VR A15 ME (5) 15M 2/80



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CERTIF	ICATE OF D	EATH		REG. 1	NO			
		CEASED NAME OR PRINT)	GE ORGE		LIAM		LAMSON		2a DATE	OF DEATH	MONTH	14	YEAR	26 HOUR 12:28A M
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		22b. SIGNATURI		men	w n	1. R	ully	MENENG HYSICIAN [MEDICA DIRECTO	L STA		2	26. DATE !	4/8/
		22d. PHYSICIAN		/Josep	H RE	rilly	3900 L	och Ra			Balto	0., 1	Md.	21218
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Green Mount

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health on MPORTANT: If Hem 21 is

> Cremation 11/17/81 Green
> 14. FUNERAL DIRECTOR Duda-Ruck, Inc.
> 1922 Wise Avenue Dundalk, MD. 21222

Baltimore Maryland

By REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Allan =Atten-F Wilson DEATH MATED 2119 81 A AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH 2c DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 12:04 Male Black 21 2119 54 2.7 8 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Maryland DIVORCED Baltimore City EST 2. AND 3 TO THE PL NM 3. RETAIN PAGE 5. NM 2 SHOULD BE FILED. VITAL RECORDS, 2011 W. IN CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore 1835 Vine Street rear of Auto Worker USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g. STATE 13b COUNTY Balto 13d. INSIDE CITY LIMITS? 2143 W. Baltimore Street Md YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wilson William Flora Offer 14a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IYES. NO. OR UNKNOWNI LIF YES, GIVE WAR OR DATES! Flora Wilson 2143 W. Baltimore St. No 214 64 5407 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDINGs" IN PENCIL IN HEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AIDNG WITH CHUREAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL- RANSH PEMIL AFTE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOYAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-MMEDIATE CAUSE (a) Gunshot wounds of chest and abdomen DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR XXXXXXONTH DAY YEAR UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 2019 81 1:55.M. Subject shot 21e PLACE OF INJURY (AT HOME 211 LOCATION STATE WHILE AT WORK AT WORK allev 1835 Vine St. of Balto Md. rear Autopsy X Hamicide X death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL M. Deputy Chiefred KALEXAMINER SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME III Penn St. Balto. MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATOR STATE Cedar Hill Cem. Glen Burnie Md. 1 - 27 - 81Bu rial 250. DATE REC'D. BY REGISTRAR 25% REGISTRARS SIGNA 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Brown/Thompson F. H. 1913 W. Balto. St. 15M 2/80

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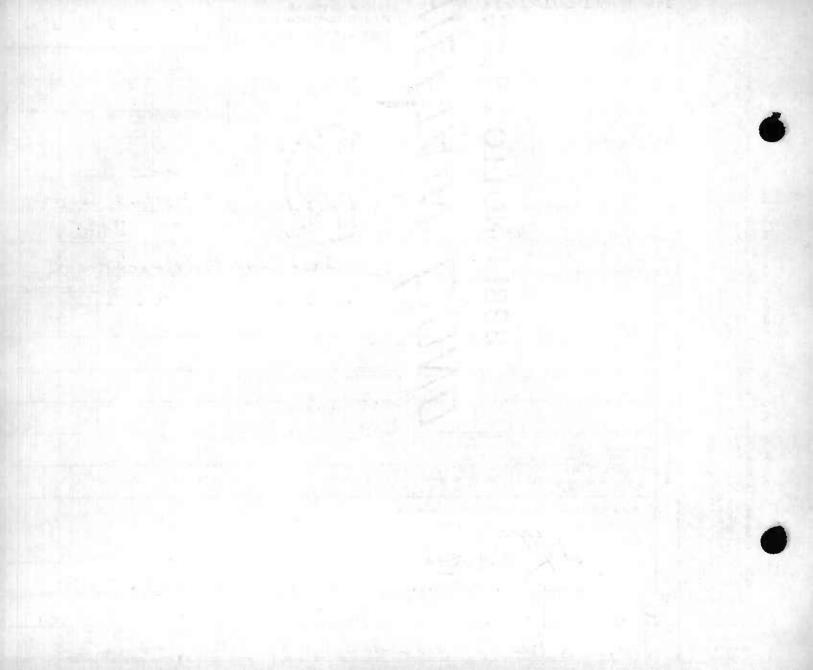
	/		STATE OF MARYLAND	
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	3. SE	C- 1-	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
A 5 95 /		<i>remale</i>	BIACK DAY YEAR 7.44 YRS. M	DATA HOURS MIN.
6 52 4/9		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED . NEVER MARRIED . 9. BALTIMORE CITY OR COUNTY	OF DEATH
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IMORE,	(ES, NO OR UNKNOWN) (IF YES,	Continue Constant	KER ST
O o o o			ranly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., BAL		PART I. DEATH WAS CAL	USED BY: Cardiac alles T.	ecinical distribution
ON S ding orbo or re		4019	DUE TO, OR AS A CONSEQUENCE QF.	
dept dept dept ove ove oum		Canditions, if any, which	(16) Hyperteusen	
2 4 4113		gave rise to immediate couse (a), stating the		
or of		underlying cause last.	(c)	
DS, 2 ulgas hinn p luny.	z	PART 2. OTHER SIGNIFICAN	NT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
8 1 11 17	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES.	WERE FINDINGS USED
the part of the pa	띹		YES NON YES	ING CAUSES OF DEATH?
VITA Transfer Transfe	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PA	
9 20 10 19	¥	OR CONTRIBUTING CAUSE OF		
Herris of American	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
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N 0 0 0 1 1	18			9, that (we) last
A TTP		abave, (I) (we) (did) (did	on	
A C C C C C C C C C C C C C C C C C C C		22b. SIGNATURE	Auf. DEGREE MYD ATTENDING MEDICAL STAFF	22c DATE SIGNED
FRA PHA	١.	27d, PHYSICIAN'S NAME (TY	PHYSICIAN DIRECTOR PHYSICIAN 220. ADDRESS	1/1/11/01
P P P P P P P P P P P P P P P P P P P		@ 'CCA	7 Awola Suther Hogant	
1 2 2 2 3 3 L	23a. I	SURIAL, CREMATION, REMOV		
100 7 BP	1	PRECIEV) BIAL	11-17-81 KING Mem PK. RANDA USTOWN	COUNTY STATE
DHMH-16 30M 2/80	24 F	INERAL DIRECTOR	250. DATE REC'D, BY REGISTRAR 256. RECISTR	AR'S SIGNATURE
(VRA 15, 4)	J.	45. A. MORT	ON - Song 1701 LAURENS NOV 13 1981 Many	Jan las Um

1	1				STAT	E OF MARYLAND				
	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE 8	2 9	1 4 9	
	I. DEC	CEASED NAME FIRST		MIDDLE		AST		MONTH DAY	YEAR 26 HOUR	- 2
y be	(TYPE	Pob	ert	L.	W	Mson		11 25	81 4%	M
E E	3. SEX		4 RACE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR IF UNDER 24	HR5
Poge A		MALE	BLACI		8	15 05	76	YRS.		
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s offer d	19-(1	or town of DEATH		HOSPITAL, NURSING PROVIDE	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST O		26. KIND OF BUSINESS NDUSTRY	
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rthin thin 2 sh	14. FA	THER'S NAME			2.5	15 MOTHER'S MAIDEN N				
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		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
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it, BALTIMORE		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per SED BY: ATE CAUSE (a)	RESPIR	ATO	y-CARDIA	IC AMES	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DE	ATH
PRESTON S ne death cei ne affending emave carbo mation, or re		1850	DUE TO, O	R AS A CONSEQUE	HOFF	CARCIA	voma			
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SICIAN: ng physican p	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.		19					
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a de A o D		22a I certify that (1 (this hasp	pital ottended th	e deceased from_	10	-28 19 8	1 to 1/ -	25 19 4	3 that (lifwe)	hst
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hosy hosy tept.		22b. SIGNATURE	of view the body	orier death.		DEGREE			22c. DATE SIGNED	
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E 9 14 1 15 4	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1	,	22e ADDRESS	1.1 4	111		
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Store		SHIAN	W.DI	49 ERI		4600	aperti	HTS		
5 € 5 € ¥ ₹	23a. B	URIAL, CREMATION, REMOVA	Ł 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	236 LOCATION	COUN	TY STATE	
BP	(3	BURIAL	11/30	0/81 A	RBUT	US MEM. PA	RK ARBUTU	S	MI).
DHMH - 16 50M 1/76	24 FU	NERAL DIRECTOR		ADDRESS		25a. DA	TE REC'D. BY REGISTRAR		SSIGNATURE	9,1
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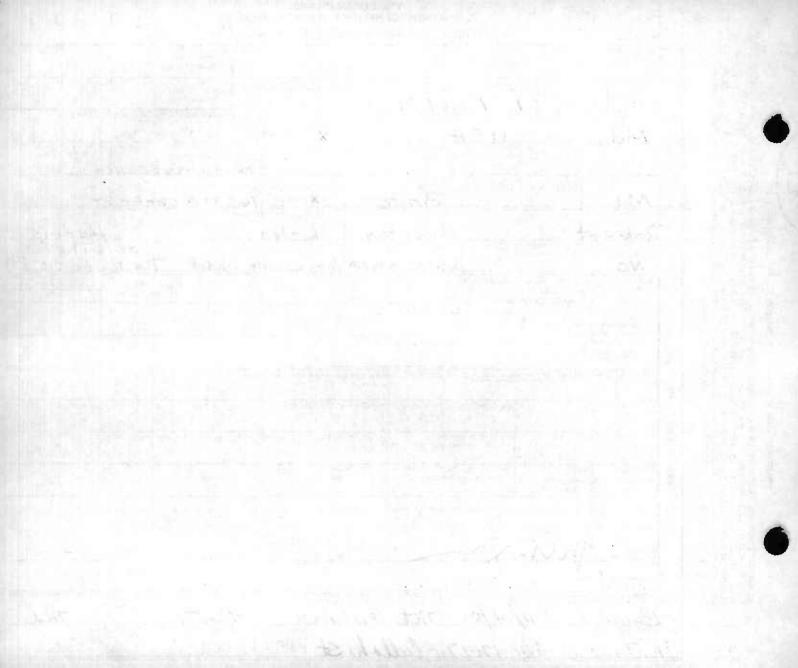
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STATE OF MARYLAND

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2/		STATE REGISTRAR	M	EDICAL EXAMI			0	-	مد ن	J
7		CEASED NAME FIRST E OR PRINT)		MIDDLE	LAST		20. DATE KNOWN OF ESTI-	-	DAY YEAR	2h HOUR
HEER BASE	3. SEX	Mat 14 RACE	e] 5. DATE OF BIRTI	Lee	Wimpy EARS IF UNDER 1	VB. TIE UNIDER OATUR	DEATH MATED	□ 10	21 1981	M
P. P		Female black	MONTH DAY		DAY) MONTHS DAY		PRONOUNCED DEAD	10 2	21 19 81	24 HOUR 4:48
IS NECESSARY IS NECESSARY E FUNERA DIE	FC	RTHPLACE (STATE OR REIGN COUNTY)	76. CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CIT			PM
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DELAY IN PAGE		Baltimore	913 F	FACILITY GIVE STREET ADDRESS Rutland Aver	nue		OR MOST OF WORKING WEED		OR INDUSTR	!Y
21201 ANY D AND 3 HOULD HOULD RECORD	USU/ 13a. S	TATE 13b. COUN	R OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS. 13c. GITY OR TOWN 0.3 170	13d. INS	IOE CITY LIMITS? 13e. S	TREET ADDRESS	tood	100-	
MD. 2 HH. IF, 2, A M. 3, R M. 3, R M. 3, R	14. F/	THER'S NAME		13/10	YES I	THER'S MAIDEN NA	ME	MIG	XV UES	
DEATH. GES 1. AND 2 AND 2 FEVER	<	SIDAN	NMI)	MASOY	1 (Innie	MIDDLE	2+	itson	
BALTIMO S AFTER D GIVE PAG ITH FORA IVISION	16a. V (Y	VAS DECEASED EVER IN U.S. ARA	NED FORCES?	16b. SOCIAL SECURI	TY NO. 17. INF	ORMANT PROCODU	1. 1600 POR	lar Gn	T2 ST	>
201 W. PRESTON ST., B. UTED WITHIN 24 HOURS IN PENCIL IN ITEM 18. G EXAMINER ALONG WIT IAL - TRANSIT PERMIT. P OMENTAL HYGEIGIE, DIN, ON, OR REMOVAL.		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIAT Canditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost.	DUE TO, C		OF	TOVASCULAR	RDISEASE		APPROXIMATE BETWEEN ONSET	
RDS, 201 V EXECUTED ING" IN PR CAL EXAM BURIAL- H AND MEI WATION, C		PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	N BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONC	DITION GIVEN IN PART 1 (a).				
RECORDS, ID BE EXEC PENDING, PENDING, PENDING, PENTH AN	O N	M. DAVE OF ORTHAN	Ton .		MELLITU					
SHOULD ORD "PE ORD "PE ORD "PE ORD "PE ORD "PE ORD "PE ORD ORD "PE ORD	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	DITION FOR WHICH OPE	RATION WAS PERI	FORMED?			20 AUTOPSY?	ХХои
CETTIFICATE STATE OF V		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.	OF INJURY M. MONTH DAY YEA M. 19	R 21c. HOW INJ	URY OCCURRED (ENT	TER NATURE OF INJURY IN ITEM	18 PART 1 OR PART		
DIVISION THIS CERTIFIC WARDED TO WARDED WARD WARD WARD WARD WARD WARD WARD WAR	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET EA	E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUR	NTY	STATE
MEDICAL EXAMINER: ECUTE THE CERTIFICATE SE 4 SHOUID BE FOR FUNERAL DIRECTOR: I IER DEATH, WITH THE S ILIMORE, MARYLAND,		22a. I certify that I taak charg death resulted fram: Natur ACTUAL SIGNATURE	e of the remoins d of couses X.X Mez R. Gu	Accident . S	M.DA	e(SPECIFY) SSISTANT M	determined monner	DATE SIGNED	_10/22/	'81
PP	23a.B	BUN 10	10/36/8	1 BAHO	METERY OR CREM	11 10	LOCATION LITY ORD WN	COUNT	TY M	Y.
0704 DHMH-17 (VR A15 ME (5))	24 F	JOSEPH L. F	PUSS - DONE	"222-W.	NorthAu	NOV 250. DATE REC'D.		GISTRAR'S SI	GNATURE	



	STATE OF MARYLAND							
	11.	FOR STATE	DEPARTME	ENT OF HEALTH AND MENTAL H	IYGIENE	2 9	2 0	
		REGISTRAR	MEDICAL EX	(AMINER'S CERTIFICATE C	OF DEATH REG	, NO.		
		ECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN	MONTH D	DAY YEAR	26 HOUR
PECTOR. RECTOR. HENOUS SPEET,		LELIA		WINGFIELD	OF ESTI- DEATH MATED	⊠ 11 9	19 81	133
46252	3. SE		5. DATE OF BIRTH 6	AGE (IN YEARS IF UNDER 1 YR. IF UNDER			DAY YEAR	M MOUR
- WEIGH			MONTH DAY YEAR	LAST BIRTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED			12:43
(30,00)		female negro		77 YRS.	DEAD	11 9		рм
1000年90	1	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARR	IED 9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
AND STATE OF THE PARTY OF THE P	2	Md	USA	WIDOWED W DIVORC	ED Baltimore	e City		MD
2 # W B 5	10.0	CITY OR TOWN OF DEATH		NG HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION		KIND OF BU	SINESS
3 = 3 = 8	0	Baltimore	1623 Mosher S		FOR MOST OF WORKING LIFE)	1 0	OR INDUSTR	Υ
RE, MD. 21201 EATH. IF ANY DELAY IS. ES 1, 2, AND 3 TO THE FU. N.P. M. S. RETAIN PAGE 5. N.P. M. S. RETAIN PAGE 5. N.P. M. S. RECORDS 201	USU	IAL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	I ORE ADMISSIONI	Kesturan	+ OWNER	*	
AND AND SECOND	13a.	STATE 13b. COUN	TY 13c. CITY OF	R TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	,		
ST A A ST	-	Ma		YES NO [1623 MOS	her s-	+ ^	
M H. 2	14. F	ATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAID!	EN NAME MIDDLE		LAST	
DEATH. GES 1, MA PW AND 2	XL T	Robert	Cri	extan Lelis	1		Lane	
NO N	160.	WAS DECEASED EVER IN U.S. AR		SECURITY NO. 17. INFORMANT	ADDR	ESS 5016	760	01:200
T., BALTIMORE, MD. UNES AFTER DEATH. IF. 18. GIVE PAGES 1, 2, WITH FORM PM 3. NI. PAGES 1 AND 2 SI, INVISION OF VITAL.	1	YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	1 11702 N M1 . 1	lle Sharp -	7016	01/	da.
		18. CAUSE OF DEATH (Enter or	154126		he sharp	Dallo	11421	117.
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. ALRE ALONG W ANSI PREMIT AL HYGIENE, D REMOVAL.		PART I DEATH WAS CAUSE	ly ane cause per line far (a), (b), ar			- + 2 - 1	APPROXIMATE BETWEEN ONSET	AND DEATH
AL SERVICE A	9		TE CAUSE (a) Carcinom	a of breast				
AN ALL		11147	DUE TO, OR AS A CONSE	QUENCE OF				
A A N. A A A A		Canditians, if any, which gave rise to immediate	(b)			37/230		
× ××××××××××××××××××××××××××××××××××××		cause (a) stating the under-	DUE TO, OR AS A CONSE	QUENCE OF				
Z ZZZZZZ	19	lying cause last.				0.00		
NANDER OF		PART 2 OTHER CIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUY NOT BELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL CATE, WRITING THE WORD, "PENDING", IN PENCIL IN ITEM 15 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG OR: PAGE 3 SHOULD BE USED AS A BURIAL, TRANTS PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IND. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	THAT I OTHER SIGNIFICANT CONDITIONS	CONTRIOUTING TO BEATH BOT HOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIAEN IN LA	RII(a).			
ASA ASA CREATE	CERTIFICATION	190. DATE OF OPERATION						
SHOULD ORD "PEI ORD "PEI ORD "PEI ORD "PEI ORD "PEI ORD "PEI ORD PEI O	2	198. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED?		7	70. AUTOPSY?	
F VITA E SHO WORD E CHIII BE CHIII							YES 🗌	NO K
O PHENNE	2 8	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2))	Tre w
S SELOSTA	7 3	UNDERLYING OR CONTRIBUTING CAUSE OF		AY YEAR				
ISHO TO TO TRIO	MEDICAL	21d. INJURY OCCURRED		ATHOME, 211. LOCATION				
S C S C S C S C S C S C S C S C S C S C	1	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY	1	STATE
DI THIS WARE PAGE 2120		AT WORK AT WORK						
L EXAMINER: 1 E CERTIFICATE, DUID BE FORV 1. DIRECTOR: P. H., WITH THE SI		220 I certify that I took charg	e of the remains described above,	held an Autapsy , Inspection	n . Inquiry .	and in my apinia	an	
NEW DEE		death resulted fram: Natu	ral causes X, Accident	, Suicide , Hamicide .	Undetermined manner	1.		
ANTER ARY		A.	0	TITLE (SPECIFY)				
A. A.		ACTUAL SIGNATURE	WW	M.D. Assistan	+	DATE	11-10-	-81
ZHE SHE		SIGNATURE / 100	2	m.0 1333131011	MEDICAL EXAMINER	SIGNED_	11 10	-
NO WELL	2	EXAMINER'S NAME - A.	nn M. Dixon, M.	D	Penn St.			
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO LUNERLU DIRECTE AFTER DEATH, WITH TI BALLIMORE, MARYLAI	-			ADDRESS				
EDSE49	230.6	SURIAL, CREMATION, REMOVAL	36. DATE / 23c. NAA	ME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STA	TE /
11 03 BP	-	Burial.	11/14/81 70	to auburn	Balto		m	1)
DHMH-17	24. F	UNERAL DIRECTOR	1 4000000	250. DATE F	REC'D. BY REGISTRAR 256 RE	EGISTRAR'S SIGN	NATURE	
(VR A15 ME (5))	17	hatmen =	1/4 1721 MC/	WILL ST NOW	12 1001 7	0/2	W. T.	
15M 2/80			11 1101/11	MULTIN OI INIV	- 4 1301 / 17/4	1. 1. Cal la	MALINA	,



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

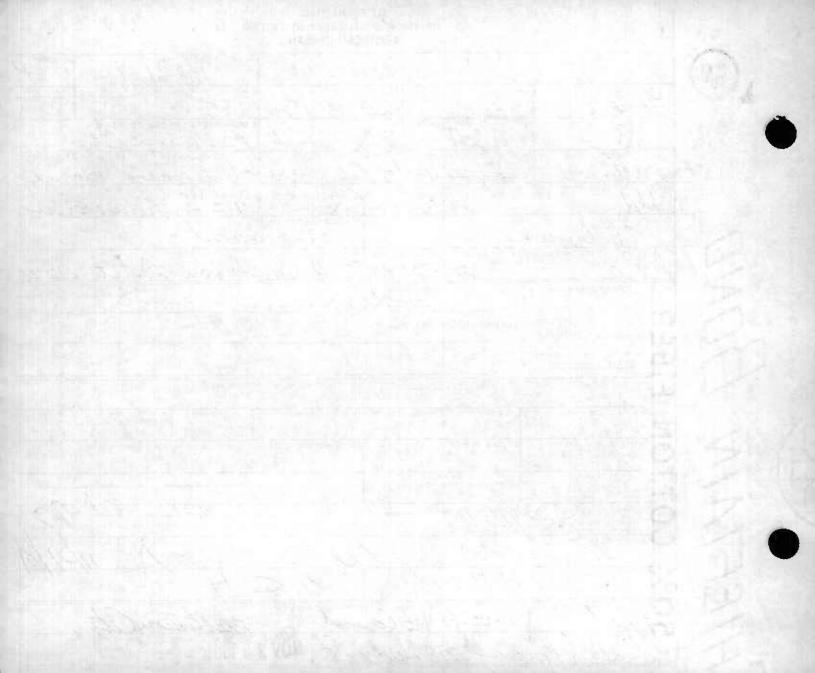
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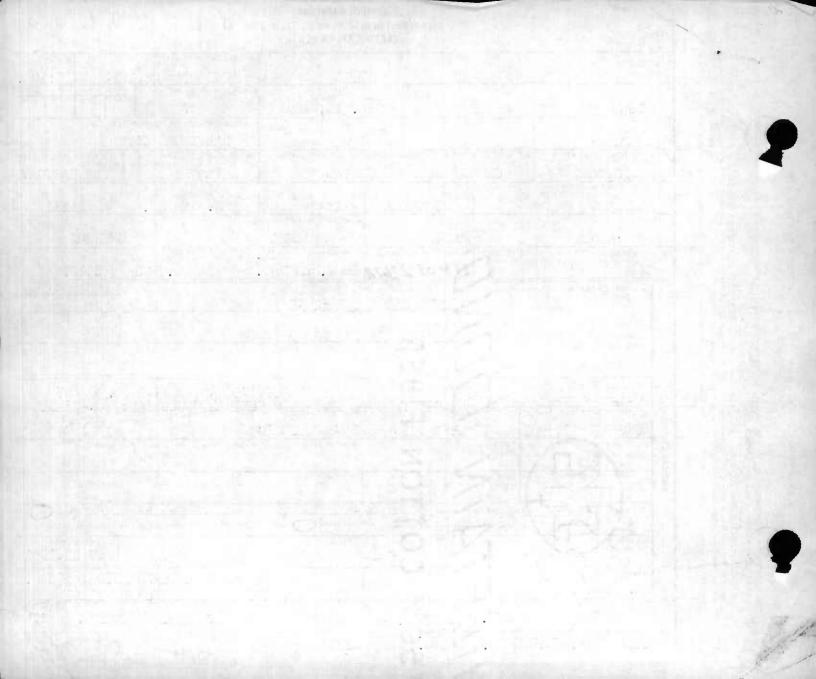
		REGISTRAR		CERTIF	ICATE OF DEATH	REG, N	Ю.	
		CEASED NAME FIRST	MIDDLE	10/1	AST CIGN	20. DATE OF DEATH	MONTH DAY YE	26 HOUR
	2 05	BLG	7		V5 LOW	1/12	-//0/	845 TM
	3. SE	emale	lauce	S. DAJE C		6 AGE (IN YEARS LAST BIR	MONTHS	YEAR IF UNDER 24 HRS
1	7a. Bl	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY C	YRS. OR COUNTY OF DEAT	тн,
2		MI	454	WIDOWE	D DIVORCED	Millen	un let	Lex MO
	10 CI	allmore	I. NAME OF HOSPITAL NURSI		at borre	17a USUAL OCCUPATION OF COMMENT OF WARMEN	OF WORKING LIFE) INDUS	IND OF BUSINESS OR
5		AL RESIDENCE (IF NURSING HOME OF OT	Y III. City og you		YES NO -	13e STREET ADDRESS	Linus	sol are
0	14 FA	THER'S NAME	DDLE		15. MOTHER'S MAIDEN MAI	MIDDLE		LAST
-		VAS DECEASED EVER IN U.S. ARME YES (10 OR) UNKNOWN) (IF YES, GIVE W		1247/2	17 INFORMANT T.Z. HINNI	eLeikan	Bet a	1 2/22/
	7	Conditions, At only, which gove rise to immediate course to stating the underlying course last. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENCE OF AS A CONSEQUENC	JENCE OF	NOT RELATED TO THE TERM	MAL DISEASE OR CON	DITION GIVEN IN PA	RT Tro
7	CERTIFICATION	1% DATE OF OPERATION	19 CONDITION FOR WHICH	H OPERATION	N WAS PERFORMED	78s AUTOPSYT	20h. IF YES, WERE FI	INDINGS USED USES OF DEATH?
1		216 ACCERNI WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF STORE HIDDEN HEDICAL FRANCIES	THE TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	31¢ HOW INJURY OCCURR	Total Section		The second second second
	MEDICAL	214 INJURY OCCURRED WHAT INDEX INDEX IN	THE PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE)	FARM (TC)	TH LOCATION	circorno	coura) STATE
	0	17s. I certify that (i) (this hospital saw that decessed give on sbove, (i) (we) (did did not) o		1.6	d that in (my) (our) apinion o	to	ate and hour and from	the collection and
1	3	THE SIGNATURE C	M	1	pris di la companya d	MEDICAL STAF	# /	11/27/8
	3	THE PHYSICIANS NAME ITH OF	BBUN		77+ ADDRESS	- H	C	, , ,
	270-8	BURIAL CREMATION REMOVAL	11. PS. 8) N	NAME OF C	EMETERY OR CREMATORY	SIN LOCATION	in Copy	L STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR

24 FUNERAL DIRECTOR





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF LINDED I YEAR

INDUSTRY

YES [

126. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

STATE

22c. DATE SIGNE

FREDERICK

OWN HOME

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR

Marine Street Control of the Street S The second of the second and the many

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

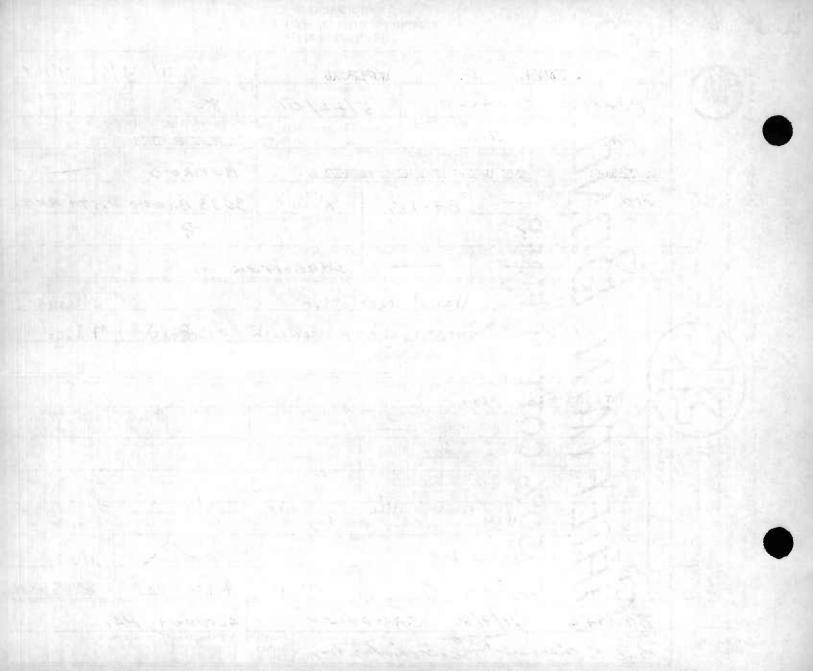
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- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 6100 0 0
1. DECEASED NAME FIRST (TYPE OR PRINT) & EDA	MIDDLE	WOLFORD	20. DATE OF DEATH MONTH	7 YEAR 26. HOUR 4:10 P M
3. SEX FEMALE	4. RACE	5. DATE OF BIRTH MONTH 5 / 22 / OF	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED * DIVORCED	9. BALTIMORE CITY OR COUNTY BALTIMORE CITY	OF DEATH
BALTIMURE	(IF NOT IN SUCH FACILITY, GIVE STREE THE UNION MEMOR	RIAL HOSPITAL	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE RETIRED	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME 130. STATE 130. COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 13c. CITY OR TON BALT	WN 136. INSIDE CITY LIMIT	3633 Bush	VISTA AUE.
14. FATHER'S NAME FIRST	MID LE LAST	15. MOTHER'S MAIDEN	NAME	LAST
(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? [16b. SOCIAL SEC	URITY NO. 17. INFORMANT PAUCH	ADDRESS	
	DUE TO, OR AS A CONSEQUE (c)	ELEBRAL HEMO JENCE OF	reminal disease or condition givi	M days
No. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1 196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK		19 211. LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	COUNTY STATE
	pital) attended the deceased from, on 19 not) view the body ofter death.	DEGREE ATTENDIN	nian death accurred on the date and hour	ond from the cause stated 22c. DATE SIGNED
BYIAW	Jayern My	PHYSICIA 27e ADDRESS VN10		BUTIMO
230 BURIAL, CREMATION, REMOVA	1-1-1-	NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION CITY OR TOWN ALTOOMA	COUNTY STATE

DHMH-16 30M 2/80 (VRA 15, 4) Paul L. Barrer 3617 Chester Av.,

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

9 198



· Ly = \$ 125 U ROS (1500 House Lovette - 1700 house) operation to the country that the HI-FI dained Promp Transacton L. C. 1930 W. Balto, St. L. M. 184

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Butler 17. INFORMANTHANOVER. Nd . ADDRESS 21076 Mr. Alfred S. Wright 1516 Matthewtown PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) too pinian death accurred an the date and hour and from the causes stated 23s. DATE SIGNED Saint Rest Cemetery Anne Arundel County MD 250. DATE REC'D. BY REGISTRAN 250 AS BISTRAN SHIPM THE PROPERTY OF THE PROPERT 24 FUNERAL DIRECTOR BALTIMORE, ERBERT E. NUTTER FUNERAL HOME 3035 W. NORTH AVE. NO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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26 HOUR

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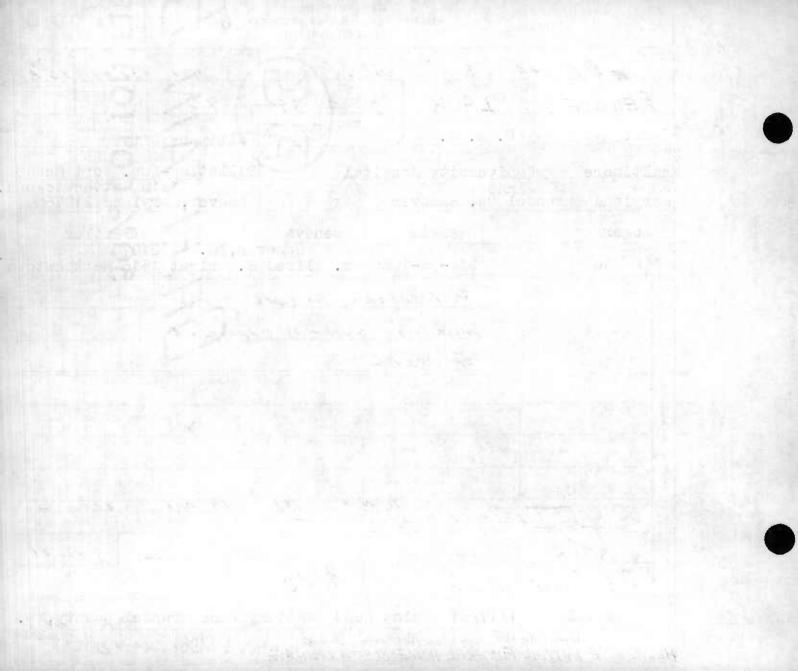
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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REGISTRAR



injury, or other troumatic

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

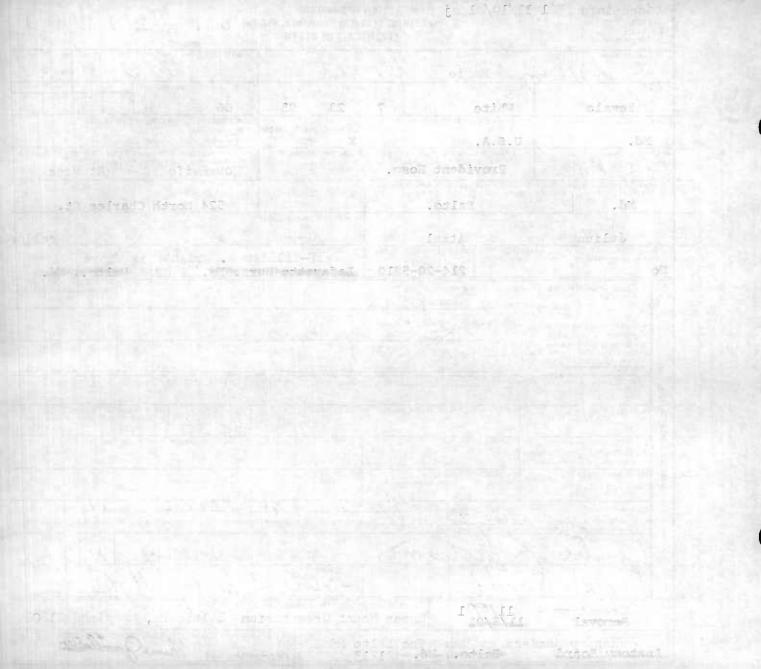
DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO

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3	C	RTHPLACE (STATE OR FOODINTRY)	PREIGN			MARRIE				R COUNTY	OF DEATH		MD
1	Bal	ITY OR TOWN OF DEA		North (Charles Charles	address) Senera	l Hospi					OF BUSINESS	OR
6	13a_S	Md.			13c CITY OR TOV		13d INSIDE CIT	NO 🗌	3313 Dolfi	eld Av	re.		
	Lev			MIDDLE 1	Booker						LA	ST	
		(ES, NO OR UNKNOWN)									Ave.	MATE INTERVAL NOSEL AND DEATH STATE Those of the control of the	
		18 CAUSE OF DEATH Enter only one couse per line for Iol. ib., and Ic. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction								APPROX BETWEEN	ONSET AND DE	ATH	
		gove rise to imm	rediote	(b)			Arterio	sclero	sis				
		underlying couse		(c)						DITION CIVE	ENI INI DART 1		
	TION	Post Am	putat	ion of	(L) Great	t Toe		523. DV					
	CERTIFICATION	9/17/81	ION					MED	У _	INCERTIFY	YING CAUSES	OF DEATH?	
4	MEDICAL CER	OR CONTRIBUTING C	AUSE OF DE	HOUR A.	M. MONTH D		21c. HOW INJ	URY OCCURR	RED {ENTER NATURE OF INJUR	IY IN ITEM 18, PA	RT 1 OR PART 2)		1
	MED	WHILE NOT WH	RK 🗆	(AT HOME, STE	REET, FACTORY, OFFICE,	0/16	STREET		CITY OR TO V	VN	- 0.1	STATE	
		sow the decease above, (1) (we) (d	d alive on				nd that in (my) (17	death occurred on the do	ote and hour	ond from the	couses stated	
		274 PHYSICIAN'S NA	2	P. Nor	Claday	2	ANO AT	TENDING HYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		11/	2/8	2
		ent retail laws NA	WIE STIME	K. eff (**1)	/		THE ADDRESS	UE II					
	23a. E	BURIAL, CREMATION, I	REMOVAL	23b. DATE	6/8/ 136	NAME OF C	EMETERY OR C	REMATORY P	23d. LOCATION CITY OF TOWN	a	COUNTY	STATE	

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR ADDRESS LEROY O. DYETT 4600 LIBERTY HEIGHTS AVE. m. Pk. Balto., 1981

Less file file of the 11 = H. alerten Healt.



	1			STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 REG. NO.	29211
		CEASED NAME FIRST	WIDOFE	LAST	20. DATE OF DEATH MO	10 110011
	TTYP	ORPRINT) PUSS	211 ++	WEIGHT	1	Z 81 936 DM
	1 SE		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD)	
		m	W	MONTH DAY YEAR 99	82	MONTHS DATS HOURS MIN.
MI)	70-B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
	1	P2.	USA	WIDOWED DIVORCED	CITY	M D.
120	-	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION UTYPE OF WORK FOR MOST OF WO	
-6<0			DROTHER INSTITUTION GIVE RESIDENCE BEFORE			Church St.
RS	r	nd. Kinz	NCAROLINE ITY OR TOW	PO YES NO	7.0. EC	
E	14 F/	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME Georgian	na DeCosta
15/		POLEKT	WEI6	-TEXTE	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
dical		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
J Sed		no	220-32-	-1010 Florence V	Wright Gree	ensboro, Md.
		18 CAUSE OF DEATH Enter	only one cause per line for (a), (b), an	d (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ATE CAUSE (D) CZIZC	25 Nomindoip	TRESST -	
ific ev		4221	DUE TO, OR AS A CONSEQUE			
5		Conditions, it ony, which	(b).	ENCE OF		
r froum	130	gove rise to immediate				
		underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF		
ō		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OF CONDITI	ON GWEN IN PART 112
, in land	Z	SID S.			217000	
- Aug	AT	19a. DATE OF OPERATION		OPERATION WAS PERFORMED		Ib. IF YES, WERE FINDINGS USED
2	윤	9.23.81	Subdus	21 Hzmanoma	11	CERTIFYING CAUSES OF DEATH?
5	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN	
9		OR CONTRIBUTING _ CAUSE OF D	HOUR A.M. MONTH D.	AY YEAR	, Established by Industry	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19 211. LOCATION		
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
		AT WORK		9.32 1081	11. 9	10.81 Abox (l) (up) loca
		sow the deceased alive a	oital) attended the deceased from	21	10 1 2	, Ty , thor (I) (we) lost
		obove, (1) (we) (did) (did r	at) view the bady after death.		death occurred on the date	and hour and from the causes stated
		No. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
		Duic	Dolomor	PHYSICIAN [DIRECTOR PHYSICIAN	X 11.2.81
1		220. PHYSICIAN SNAME (TYPE	OR PRINT)	22e ADDRESS		
MPORTANT		Louis	DOLGMON	MD UNIVE	ESITY H	CSPITE
2		URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	1	Burial	11-5-81 G1	reensboro Cemet	ery Greensh	oro Caroline Md
1/B1	24 F	INERAL DIRECTOR	1) 1	25a DA	TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
	0	om TBA	Green	sboro, Md. NO	V 5 1981 7	ness Can Tarther
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FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES TO NO TO
TOW THE PART II DRIPART BY
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8)
nd hour and from the causes stated
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DHMH - 16 50M 1/B1 (VRA 15, 4)

74 FUNERAL DIRECTOR SOL LEVINS 6010 REISTERSTOWN RD. SOL LEVINSON & BROS., INC.

BURIAL CREMATION REMOVAL

BALTO., MD

NOV. 26, 1981

21215

234 NAME OF CEMETERS OF CREMATORY BETH JACOB

DEC

FINKSBURG

CARROLL MD

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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

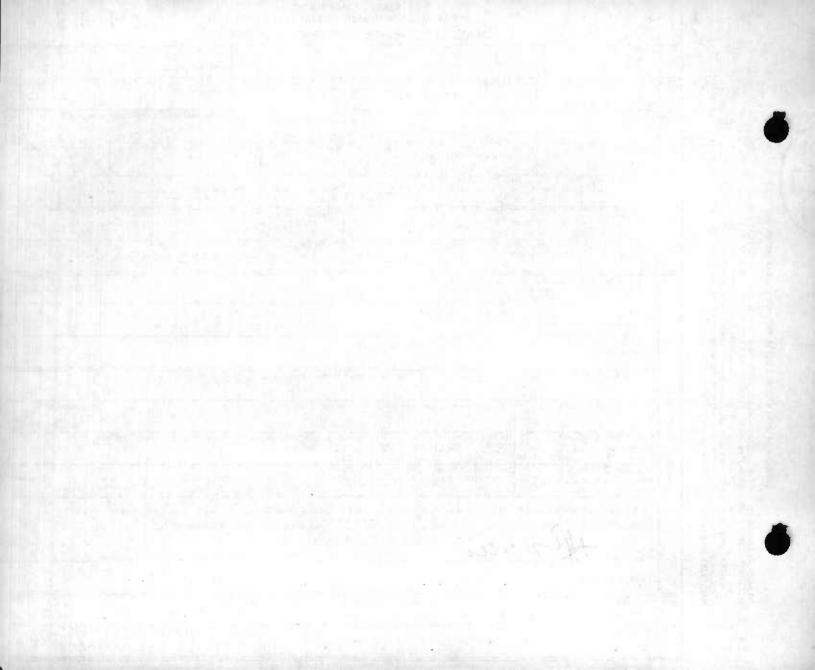
CERTIFICATE OF DEATH

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6	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 1 2	9214
deoth deoth	DECEASED NAME TERRI SEX 14 RACE	LEE YOUELLS	20. DATE OF DEATH MONTH D	YEAR 26. HOURS
(M)	Lemale wh	ite MONTH 26 58	23 YRS.	ONTHS DAYS HOURS MIN.
33	Maryland CITY OR TOWN OF DEATH 11. NAME	MARRIED NEVER MARRIED ALL U.S. A. WIDOWED DIVORCED OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	Baltimora Cit	M 12b, KIND OF BUSINESS OF
1/0	Baltimore State Dence IF NURSING HOW OR OTHER INSTITUTE B. STATE		(TYPE OF WORK FOR MOST OF WORKING LIFE	electric electric
opiner	Maryland Howard FATHER'S NAME FIRST MIDDLE	13d. INSIDE CITY LIMITS? Elkridge YES NO 15. MOTHER'S MAIDEN NA FIRST	13e. STREET ADDRESS 5605 Railroad +	Ivenue
	MACULS ON K. YOUELLS WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAT NO		utlen ADDRESS	and Avanua
Then please remove corbon paper rrio burial, cremation, or removal. injury, or ather troumotic event, the	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITION	marcius concer s	GRUSS EXAMINATION	1
Hygiene prior to the 18 shows ony injur	190 DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PERFORMED ME OF INJURY 1216, HOW INJURY OCCUR	200. AUTOPSY? 200. IF YES, IN CERTIFY YES NO SERVED (ENTER NATURE OF INJURY IN ITEM 18, PA	
orked or Item 18	OR CONTRACTOR OF CAUSE OF CAUSE	R A.M. MONTH DAY YEAR P.M. 19 ACE OF INJURY ME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is m	22a.1 certify that (1) (this hospital) attended sow the deceased alive an ODV obove, (1) (me) (did) (did not) view the ETA STORE	pody ofter death. 19 , and that in (my) (our) apinion DEGREE ATTENDING	death occurred on the date and hour MEDICAL STAFF	9, that (I) (we) los and from the causes stated
hould be det	BURIAL, CREMATION, REMOVAL TO DATE	TAYCOR, M.D STAGNES	OSPITAL BALTIMO	RE, MD 212
180/15	(SPECIFY) FUNERAL DIRECTOR	11/81 Meadownidge Cemeter	CITY OR TOWN	county state

Public de la company de Propins de Propins CARLON MANY TRANSPORT OF THE REAL PROPERTY.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME FIRST (TYPE OR PRINT) OF ESTI-Henry George Young 100 8. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER) YR. IF UNDER 24 HRS 2d HOUR DATE 9 VDC PRONOUNCED 81 9:00 8 black DEAD male To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Baltimore University Hospital 130 STATE MD 13d. INSIDE CITY LIMITS? 13e STESTADRESSarlem Ave. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ernest MIDDLE MIDDLE Young Bernice McIntyre 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS e chief medical examiner along with for Be used as a beral-. Transit permit, pages 1 Ni to Health and Mental Hygiene, division Burial, cremation, or Remoyal. 219-40-7578 Betty Young 1311 Harlem Ave. No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Subdural hemorrhage IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 CERTIFICATION Seizure disorder 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "Y PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USEE AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. YES XX NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 11/18 1981 fell CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK 1920 N. Ashburton Street, Balto, MD gas pump area 220 I certify that I taok charge of the remains described above, held on Autopsy Accident XX Homicide Undetermined monner LITLE (SPECJFY) 11/19/81 ACTUAL DATE Assistant SIGNATURE MEDICAL EXAMINER]]] Penn Street,Balto.MD 21201 EXAMINER'S NAME Hormez R. Guard. M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore MD Burial Co. 11/25/81 Cedar Hill Cem 24. FUNERAL DIRECTOR 256. REGISTRANS SIGNATURE 1101 E. North Ave. C. March F/H VR A15 ME (5) 15M 2/80



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DHMH - 16 50M 1/BI (VRA 15, 4)

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

N/3. J.	REGISTRAR			CEKI	IFICATE UP	DEATH		REG. NO.		
and a	I. DECEASED NAME	FIRST	WIDDLE		LAST		20 DATE OF D		DAY YEAR	Zu HOOK
	(TYPE OR PRINT)	Joan	Elai	he Y	DUNGE	R	1	11	14 81	855 pm
5.53	3. SEX	4	RACE		E OF BIRTH		6. AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER I YE	
	Female		Caucas		II 27	30		50 V	RS.	YS MOURS MIN.
90	To BIRTHPLACE (514	TE OR FOREIGN 71	CITIZEN OF WHAT C	OUNTRY? 8.	RIED A NEVER	MARRIED -	9. BALTIMORE	CITY OR COU	INTY OF DEATH	
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e medico	160. WAS DECEASED (YES NO OR UNKNOW)		WAR OR DATES	-301721	D. 17 INFORM	Ellyn	MD	us PH	1 Harbi	tol.
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m 18 sho	0.00.00.00.00.00.00.00	AS UNDERLYING C		ONTH DAY YEA	AR	NJURY OCCURR	ED (ENTER NATUR	SE OF INJURY IN ITEM	YES	NO []
rked or fre	21d INJURY OC	Y MEDICAL EXAMINER) COURRED OUT WHILE	P.M. 21e. PLACE OF INJUI (AT HOME STREET, FACTO		211 LOCATIO	ON ī		CITY OR TOWN	COUNTY	STATE
21 із то	22a I certify the	ot (I) (this hospito	of the decease view the body ofter dec	19 81	ond that in (my)	, 19 8 () (our) opinion d	, to	on the dote and	hour and from the	, that (I) (we) lost the couses stated
T. F Fe	27b. SIGNATUR		Yno			ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DA	15/81
MPORTANT	224 PHYSICIA	John	Ellyn	MD	US P	HS Ba	ltimore	, MJ	2121	
	Burial Burial		236. DATE 11/19/81		rcemetery or	metery	23d LOCATI	la.	COUNTY	Pa STATE
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ully Funeral Home, 130 E. Fort Ave. Balto. Md.

FOR

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

12b. KIND OF BUSINESS OR

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12 hr

COUNTY

22c, DATE SIGNED

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IF UNDER 1 YEAR

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6500 York Rd.

Mitchell-Wiedefeld Home, Inc. Baltimore, Md.

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR SEIGNATURE, LA-

- STATE

24. FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Cremation on 24,1981 coon Rolls.

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